



July 22, 2014

Jared Blumenfeld  
Regional Administrator  
EPA, Region 9  
NPDES/DMR, WTR-7  
75 Hawthorne Street  
San Francisco, CA 94105-3901

**Re: Discharge Monitoring Report – Second Quarter 2014 Platforms Ellen, Elly, and Eureka  
NPDES Permit CAG280000**

Dear Mr. Blumenfeld:

This letter and its attachments include Discharge Monitoring Reports (DMRs) for the reporting period of April, May, and June 2014 for Beta Offshore Platforms Ellen, Elly and Eureka.

All produced fluids from Platform Eureka are piped to Platform Elly for processing. Platforms Elly and Ellen are two separate platforms attached by a bridge, thus they have the same latitude and longitude listed in their DMRs. We have submitted separate DMRs for each of the three platforms since there are separate NPDES discharges associated with each platform. Oil production wells are located at Platforms Ellen and Eureka. Platform Elly serves as a processing facility and contains most of the production treatment processes. This is the only platform that may occasionally discharge produced water. There are no drilling related activities or wells on Platform Elly. Production fluids generated at Ellen and Eureka are sent to Elly for further processing. Produced water is reinjected into the formation at Platforms Ellen and Eureka.

Attachment 1: EPA DMR forms (3320-1) for Eureka, Elly and Ellen.

Attachment 2: Attachment 2 are listings of the chemical inventory for miscellaneous discharges (specifically non-contact cooling water) for each platform.

Attachment 3: Provides pre-dilution and post dilution chlorine results for non-contact cooling water discharges in accordance with Appendix C of the permit.

Attachment 4: Includes copies of the official state certified lab reports and laboratory quality control reports and other permit required information (EPA Methods, sample dates, etc.) for each Platform.

Attachment 5: A chemical inventory for the drilling mud used on Well A-45 for Platform Ellen.

## **Discharge Overview**

### Drilling Muds and Cuttings (001):

Drilling activities were initiated with Well A-45 on March 14, 2014 for Platform Ellen and were completed on June 13, 2014. As required in the permit, the results of the drilling monitoring activities are included within the DMR reporting period occurring at least 45 days after the completion of the well. There were also drilling activities on Well A-21, however there were no drilling discharges associated with this well.

A drilling mud bioassay was taken during the 0-80% well footage. There were no discharges during the 80-100% well footage. The results are in compliance and are included in the DMR.

Chemical inventory is included for the mud type used and is representative of the mud discharged (see Attachment 5).

### Produced Water (002):

Produced water dilution – Platform Elly: On rare occasions when produced water is discharged, often times the discharge may only occur for a few hours or less. In calculating the dilution for each quarter, we use the average produced water daily rate based on the actual barrels of water per day “rate”. As an example, if 100 barrels were discharged in one hour, the actual rate would extrapolate to a 2400 barrels of water per day (BWD) “rate”, instead of only 100 BWD. This better represents the flow velocity used in the EPA Plume dilution calculation. There were no produced water discharges during this DMR reporting period.

### Well Treatment Completion and Workover Fluids (003):

WTCWF generated from Platform Ellen or Eureka would be commingled with the produced water at Platform Elly/Ellen. There were 2 well treatment, completion and workover fluid jobs performed during this quarter; one at Platform Ellen and one at Platform Eureka. There was no discharge of fluids. A chemical inventory is available on request.

### Deck Drains (004):

Platform Ellen’s deck drains are commingled with production and sent to Platform Elly. Platform Elly’s deck drain volumes are commingled with production at Elly and injected with produced water at Ellen (refer to produced water monitoring requirements in the DMR if discharged). Deck drains on Platform Eureka are sent to a disposal well on Eureka and not discharged.

### Sanitary and Domestic Waste (005):

Platforms Ellen and Eureka both operate a United States Coast Guard approved Marine Sanitation Device (MSD). Although these devices are capable of treating both sanitary and domestic waste, some of the domestic waste (as laundry water) is not discharged. At Platform Ellen, these domestic volumes are commingled with production and sent to Platform Elly/Ellen for injection with produced water. The sanitary waste commingles with sinks and shower water and is properly treated and chlorinated through the MSD discharged at Platform Ellen.

Platform Eureka also has sanitary and domestic waste water discharges (refer to the DMR). Domestic waste water (as laundry water) is sent to a disposal well and not discharged at Eureka. Sanitary wastes are treated through a USCG-approved MSD and discharged at Eureka. There are no sanitary/domestic waste discharges at Platform Elly.

The required annual Marine Sanitation Device (MSD) inspections were completed on May 25, 2014 at Platforms Ellen and Eureka. The inspections included a chlorine test to ensure proper operation and chlorine results are included in the DMRs. The MSDs are in good condition and operating properly. Full inspection reports are available upon request (there were no exceedances).

Fire water (008):

Fire water at Platforms Ellen and Elly are commingled with deck drains and injected with produced water at Platform Ellen. The fire water and deck drain volumes at Platform Eureka are sent to a disposal well and are not discharged. The fire water was reported as not being chlorinated at all three platforms.

Non-contact Cooling Water (009) - Combined with Excess Sea Water:

Non-contact cooling water (as sea water) can be discharged at all three platforms. Separate discharges occur through separate outfalls for each of the three platforms. Seawater pumps deliver water throughout the platforms for use as non-contact cooling water, marine sanitation device feed water and for sanitary usage supply. Any excess seawater not used for these sources has been previously reported under uncontaminated water in the DMRs under a separate discharge (016). When the non-contact cooling water is discharged it can be combined with the excess seawater discharges at Eureka and Ellen. Since the platforms add low dosages of chlorine treatment to this part of the system, chlorine monitoring has been performed on the chlorinated discharges and if applicable, includes excess seawater in addition to the non-contact cooling water. Thus, the DMR reports the total water discharged for both sources (non-contact cooling water and excess seawater). Both volumes and chlorine results for the combined discharges are listed in the DMR under non-contact cooling water for Eureka and Ellen. Elly has only non-contact cooling water. Any separate uncontaminated discharges that occur, will continue to be reported independently under discharge (016) in the DMR.

Permit limits for chlorine applicable to the non-contact cooling water were released in the March 2014 permit modification. The new required quarterly sampling is included in the DMR. The chemical inventory for non-contact cooling water (Attachment 2) was based on Operations' daily estimates using a Hach color wheel chlorine test kit.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. & 1001 and 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

Mr. Blumenfeld  
July 22, 2014  
Page 4 of 4

Should you have any questions or require any additional information, please contact me at (562) 628-1526.

Sincerely,

A handwritten signature in black ink, appearing to read "Marina Robertson". The signature is fluid and cursive, with a large initial "M" and a stylized "R".

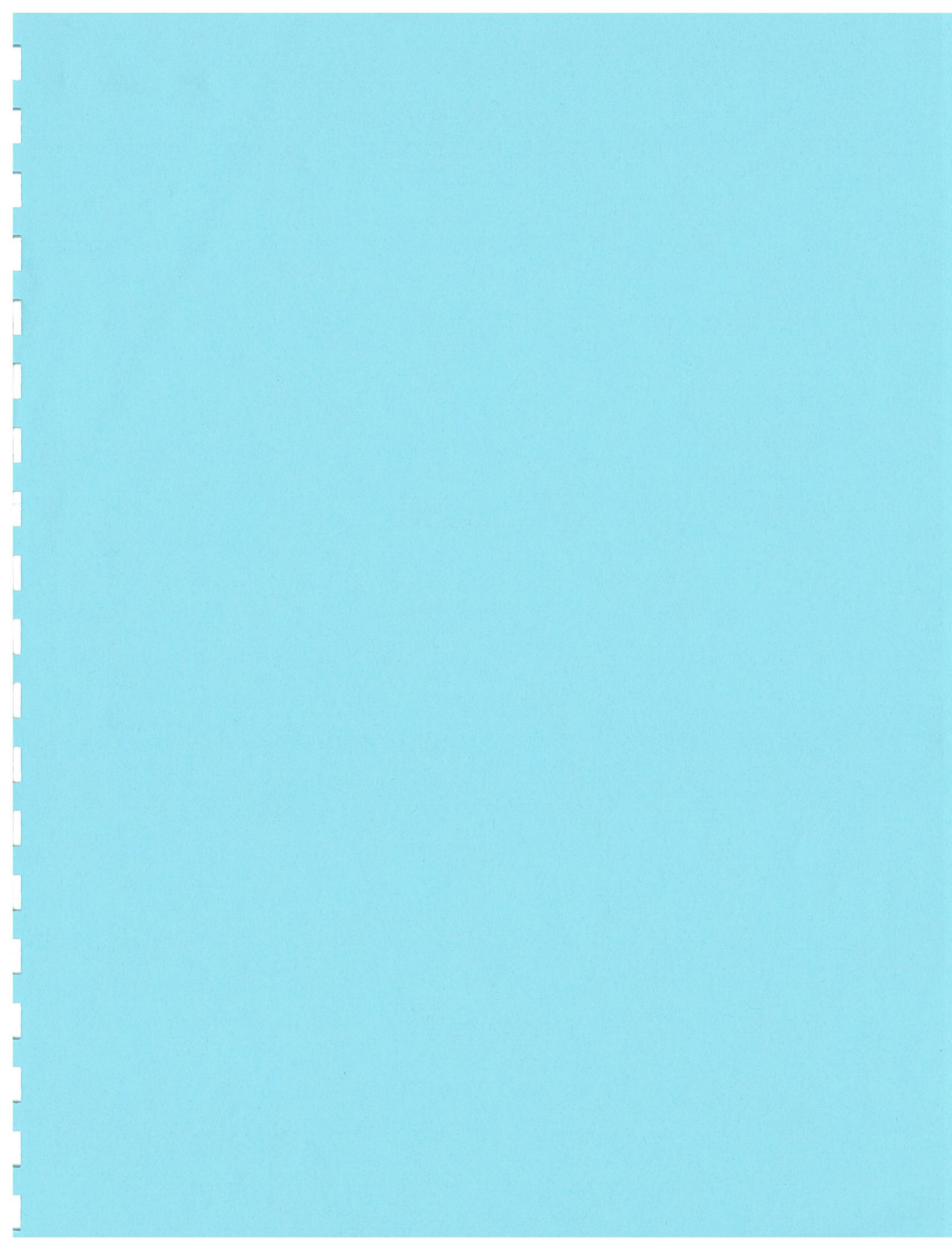
Marina Robertson  
HSE Manager

cc (via email):

Ms. Susan Zaleski  
Mr. James Salmons  
Bureau of Safety and Environmental  
Enforcement  
770 Paseo Camarillo  
Camarillo, CA 93010-6064

Ms. Alison Dettmer  
Manager, Energy and Ocean Resources Unit  
California Coastal Commission  
45 Fremont, Suite 2000  
San Francisco, CA 94105-2219





Platform Ellen

Attachment 1

EPA DMR  
PERMIT NO. CAG280000

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**WELL DISCHARGE MONITORING REPORT (Well DMR)**

CAG280000  
PERMIT NO.

001  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015


Beta Platform Ellen

LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	03	01	To:	14 06 30

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum	Units				
<b>DRILLING FLUIDS VOLUME</b> Well # A-45	Sample Measurement		No Discharge	Barrels/ Well								
	Permit Requirement		Report							1/well 1/day	Estimate	
March	Sample Measurement		270	Barrels/ Well					0	1/well 1/day	Estimate	
	Permit Requirement		Report							1/well 1/day	Estimate	
Well # A-45 April	Sample Measurement		No Discharge	Barrels/ Well								
	Permit Requirement		Report							1/well 1/day	Estimate	
Well # A-45 May	Sample Measurement		No Discharge	Barrels/ Well								
	Permit Requirement		Report							1/well 1/day	Estimate	
Well # A-45 June	Sample Measurement		No Discharge	Barrels/ Well								
	Permit Requirement		Report							1/well 1/day	Estimate	
<b>Quarterly Total</b> 01/01/14 - 03/31/14	Sample Measurement		0	Barrels/ Quarter					0			
	Permit Requirement		Report									
<b>Quarterly Total</b> 04/01/14 - 06/30/14	Sample Measurement		270	Barrels/ Quarter					0			
	Permit Requirement		Report									
<b>Annual Cumulative Volume Limit</b> 03/01/14 - 02/28/15	Sample Measurement		270	Barrels/ Year					0			
	Permit Requirement		49,950 *									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE	
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager							(562) 628-1526		07 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT							Area Code	Number	MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Drilling activities took place on Well A-45 during the months of March through June with a spud date of March 14, 2014. The well was completed on June 13, 2014.

Drilling activities also took place on Well A-21 during the month of June. There were no drilling related discharges.

<sup>1</sup> Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

\* The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**WELL DISCHARGE MONITORING REPORT (Well DMR)**

CAG280000  
PERMIT NO.

001  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 03 01			To: 14 06 30		

**DRILLING FLUIDS AND DRILL CUTTINGS (001)**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type											
		Average	Maximum	Units	Minimum	Average	Maximum	Units														
DRILL CUTTINGS VOLUME Well # A-45  March - April	Sample Measurement		No Discharge	Barrels/ Month						1/well 1/day	Estimate Grab											
	Permit Requirement		Report																			
Well # A-45  May	Sample Measurement		No Discharge	Barrels/ Month						1/well 1/day	Estimate Grab											
	Permit Requirement		Report																			
Well # A-45  June	Sample Measurement		No Discharge	Barrels/ Month						1/well 1/day	Estimate Grab											
	Permit Requirement		Report																			
Annual Cumulative Volume Limit , 03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year					0													
	Permit Requirement		18,150 *																			
DRILL FLUIDS/CUTTINGS FREE OIL  March	Sample Measurement				No Discharge			# Days Sheen Observed		1/well 1/day	Visual Visual											
	Permit Requirement				Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual											
April	Sample Measurement				Negative Static Sheen Test/Free Oil			# Days Sheen Observed	0	1/well 1/day	Visual Visual											
	Permit Requirement				Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual											
May - June	Sample Measurement				No Discharge			# Days Sheen Observed		1/well 1/day	Visual Visual											
	Permit Requirement				Negative Static Sheen Test/Free Oil																	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE												
Jim Guion Executive Vice President, Chief Operating Officer										(562) 628-1526 07 22 2014												
TYPED OR PRINTED										MONTH/DAY/YEAR												
		Signature of PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						Area Code Number														

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Drilling activities took place on Well A-45 during the months of March through June with a spud date of March 14, 2014. The well was completed on June 13, 2014.

Drilling activities also took place on Well A-21 during the month of June. There were no drilling related discharges.

\* Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

\* The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.



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**WELL DISCHARGE MONITORING REPORT (Well DMR)**

CAG280000  
PERMIT NO.

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DISCHARGE NO.

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OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 03 01			To: 14 06 30		

**DRILLING FLUIDS AND DRILL CUTTINGS (001)**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration		NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Maximum	Units			
DRILLING FLUIDS TOXICITY WELL No. A-45 Mud Type: PolyTek	Sample Measurement				> 10%	% by Volume	0	(0-80%) Well Footage	Grab
	Permit Requirement				LC50 > 3% SPP			(0-80%) Well Footage	Grab
DRILLING FLUIDS TOXICITY <sub>1</sub> WELL No. A-45 Mud Type: PolyTek	Sample Measurement				N / A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(80-100%) Well Footage	Grab
BARITE MERCURY <sub>2</sub>	Sample Measurement				N / A	mg / kg			
	Permit Requirement				1 mg / kg			Stock Barite	Grab
BARITE CADMIUM <sub>2</sub>	Sample Measurement				N / A	mg / kg			
	Permit Requirement				3 mg / kg			Stock Barite	Grab
DRILL FLUIDS CHEMICAL INVENTORY WELL No. A-45	Sample Measurement				See attachment 5			Each Mud System	
	Permit Requirement				Report			Each Mud System	
No. DAYS DISCHARGE FOR EACH DRILLING FLUID Mud Type: PolyTek	Sample Measurement				1		0	# Days Each	
	Permit Requirement				Report			# Days Each	
PROHIBITED DISCHARGE 1. Oil-based Fluids 2. Diesel Oil 3. Non-aqueous based drilling fluids or cuttings					No Discharge		0	N/A	
					No Discharge			N/A	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. &amp; 1001 AND 33 U.S.C. &amp; 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)</small>				TELEPHONE		DATE	
Jim Guion Executive Vice President, Chief Operating Officer						(562) 628-1526		07 22 2014	
TYPED OR PRINTED						Area Code Number		MONTH/DAY/YEAR	
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT							

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> There were no discharges during the 80-100% well footage (N/A).

<sup>2</sup> No barite was used.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

002  
DISCHARGE NO.

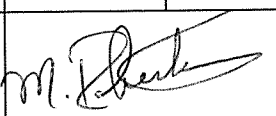
Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**PRODUCED WATER (002)**  
(Commingled at Platform Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type					
		Average	Maximum	Units	Minimum	Average	Maximum	Units								
PRODUCED WATER Flow Rate  April - June	Sample Measurement	0		Monthly Average bbl/Day												
	Permit Requirement								1/day	Estimate						
QUARTERLY AVERAGE Volume		0		Quarterly Average bbl/Day						1/quarter	Estimate					
ANNUAL CUMULATIVE <sub>1</sub> Volume  03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year												
	Permit <sub>1</sub> Requirement		10,950,000													
PRODUCED WATER Oil & Grease	Sample Measurement					N / A	N / A	mg/L								
	Permit Requirement					29.0	42.0		1/week	Grab						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE							
Jim Guion Executive Vice President, Chief Operating Officer																
TYPED OR PRINTED																
		 Marina Robertson, HSE Manager					(562) 628-1526		07 22 2014							
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number		MONTH/DAY/YEAR							

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

N / A: There was no produced water discharge at Platform Ellen. All produced water for the quarter sent to Elly for processing, then back to Ellen and injected.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

003  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 03 01			To: 14 06 30		

**WELL TREATMENT, COMPLETION  
AND WORKOVER FLUIDS (003)**  
(commingled with produced water at Plt Elly  
NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type							
		Average	Maximum	Units	Minimum	Average	Maximum				Units						
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , FLOW	Sample Measurement		N / A	Barrels / Job													
	Permit Requirement		Report														
March	Sample Measurement		N / A	Barrels / Job													
	Permit Requirement		Report														
April - June	Sample Measurement		N / A	Barrels / Job													
	Permit Requirement		Report														
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , OIL AND GREASE																	
						MONTHLY AVERAGE	DAILY MAXIMUM										
March	Sample Measurement					N / A	N / A	mg/L									
	Permit Requirement					29.0	42.0		1/job	Grab							
April - June	Sample Measurement					N / A	N / A	mg/L									
	Permit Requirement					29.0	42.0		1/job	Grab							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE								
Jim Guion Executive Vice President, Chief Operating Officer									(562) 628-1526								
TYPED OR PRINTED									07 22 2014								
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number		MONTH/DAY/YEAR								

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).  
N / A: No WTCF discharged during this DMR period.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

003  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 03 01			To: 14 06 30		

**WELL TREATMENT, COMPLETION  
AND WORKOVER FLUIDS (003)**  
(commingled with produced water at Plt Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type																			
		Average	Maximum	Units	Minimum	Average	Maximum	Units																						
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS ,  March	Sample Measurement		1	Number of jobs																										
	Permit Requirement		Report																											
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS ,  April - June	Sample Measurement		0	Number of jobs																										
	Permit Requirement		Report																											
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , STATIC SHEEN  March	Sample Measurement				N / A			# Times Sheen Observed																						
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/discharge	Grab																			
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , STATIC SHEEN  April - June	Sample Measurement				N / A			# Times Sheen Observed																						
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/discharge	List																			
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS Chemical Inventory March	Sample Measurement				N / A																									
	Permit Requirement				Report					1/month	List																			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE																			
Jim Guion Executive Vice President, Chief Operating Officer												(562) 628-1526		07 22 2014																
TYPED OR PRINTED												Area Code      Number		MONTH/DAY/YEAR																
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT																												

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).

N / A: A job was performed on Well A-45 in March, however no fluids were discharged. A chemical inventory is available on request.



Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

004  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**DECK DRAINAGE (004)**  
(commingled with produced water at Plt Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type								
		Average	Units	Minimum	Average	Maximum	Units											
<b>DECK DRAINAGE VOLUME-FLOW RATE <sup>1</sup></b>	Sample Measurement	N / A	Mo. Avg. bbl/day															
	Permit Requirement	Report							1/month	Estimate								
April	Sample Measurement	N / A	Mo. Avg. bbl/day															
	Permit Requirement	Report							1/month	Estimate								
May	Sample Measurement	N / A	Mo. Avg. bbl/day															
	Permit Requirement	Report							1/month	Estimate								
June	Sample Measurement	N / A	Mo. Avg. bbl/day															
	Permit Requirement	Report							1/month	Estimate								
<b>DECK DRAINAGE FREE OIL</b>	Sample Measurement	N / A	# Days Sheen Observed	N / A														
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight								
April	Sample Measurement	N / A	# Days Sheen Observed	N / A														
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight								
May	Sample Measurement	N / A	# Days Sheen Observed	N / A														
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight								
June	Sample Measurement	N / A	# Days Sheen Observed	N / A														
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. &amp; 1001 AND 33 U.S.C. &amp; 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)</small>						TELEPHONE		DATE								
Jim Guion Executive Vice President, Chief Operating Officer																		
TYPED OR PRINTED																		
		 Marina Robertson, HSE Manager						(562) 628-1526		07 22 2014								
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR								

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Deck drain volumes are commingled with production and not discharged.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

005  
DISCHARGE NO.

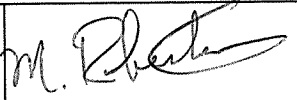
Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**SANITARY & DOMESTIC WASTES (005)**  
( Domestic waste commingled with produced water at Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type													
		Average	Maximum	Units	Minimum	Average	Maximum	Units																
SANITARY WASTE <sup>1</sup> FLOW RATE	Sample Measurement	82.0		Monthly Average bbl/day					0	1/day	Estimate													
	Permit Requirement	Report								1/month	Estimate													
April	Sample Measurement	74.0		Monthly Average bbl/day					0	1/day	Estimate													
	Permit Requirement	Report								1/month	Estimate													
May	Sample Measurement	80.0		Monthly Average bbl/day					0	1/day	Estimate													
	Permit Requirement	Report								1/month	Estimate													
June	Sample Measurement			Monthly Average bbl/day					0	1/day	Estimate													
	Permit Requirement									1/month	Estimate													
SANITARY WASTES FOAM & FLOATING SOLIDS	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight													
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight													
April	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight													
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight													
May	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight													
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight													
June	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight													
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE													
Jim Guion Executive Vice President, Chief Operating Officer																								
TYPED OR PRINTED																								
									 Marina Robertson, HSE Manager		(562) 628-1526      07   22   2014													
									Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code      Number      MONTH/DAY/YEAR													

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Sanitary includes restroom sinks, showers and toilets.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

005  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**SANITARY & DOMESTIC WASTES (005)**  
(Domestic waste commingled with produced water at Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type										
		Average			Minimum	Average	Maximum	Units													
SANITARY WASTE RESIDUAL CHLORINE <sub>1,2</sub>	Sample Measurement				N / A	N / A	N / A	mg/l	0												
	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab										
April	Sample Measurement				2.17	N / A	2.17	mg/l	0	Monthly	Grab										
	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab										
May	Sample Measurement				N / A	N / A	N / A	mg/l	0												
	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab										
June	Sample Measurement				N / A	N / A	N / A	mg/l	0												
	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab										
DOMESTIC WASTE (as laundry) FLOW RATE	Sample Measurement	N / A		Monthly						1/day	Estimate										
	Permit Requirement	Report		Average bbl/day						1/month	Estimate										
April - June	Sample Measurement		N / A	# days observed	N / A					1/day	Visual - Daylight										
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight										
April - June	Sample Measurement																				
	Permit Requirement																				
	Sample Measurement																				
	Permit Requirement																				
	Sample Measurement																				
	Permit Requirement																				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE											
Jim Guion Executive Vice President, Chief Operating Officer																					
TYPED OR PRINTED																					
		Marina Robertson, HSE Manager						(562) 628-1526		07 22 2014											
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR											

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste discharges (as per Condition II.E.1 Footnote 2 of CAG280000). Occasional chlorine tests are performed to ensure proper operation of the device.

<sup>2</sup> The chlorine residual result reported in May was taken as part of the annual Marine Sanitation Device (MSD) inspection.  
N / A: Domestic laundry water is commingled with production and sent to Platform Elly for injection at Ellen (refer to Plt. Ellen DMR).

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

008  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**FIRE CONTROL WATER (008)**  
(commingled with deck drains)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Units	Minimum	Average	Maximum	Units				
FIRE CONTROL SYSTEM TEST WATER (008) - FOAM, FLOATING SOLIDS April	Sample Measurement	N / A	# Days Observed	N / A				0	1/day	Visual - Daylight	
	Permit Requirement	None		No floating solids in the receiving water.					1/day	Visual - Daylight	
				No foam, in other than trace amounts, in the receiving water.							
May	Sample Measurement	N / A	# Days Observed	N / A				0	1/day	Visual - Daylight	
	Permit Requirement	None		No floating solids in the receiving water.					1/day	Visual - Daylight	
				No foam, in other than trace amounts, in the receiving water.							
June	Sample Measurement	N / A	# Days Observed	N / A				0	1/day	Visual - Daylight	
	Permit Requirement	None		No floating solids in the receiving water.					1/day	Visual - Daylight	
				No foam, in other than trace amounts, in the receiving water.							
					Monthly Average	Daily Maximum					
FIRE CONTROL SYSTEM TEST WATER (008) CHLORINE April - June	Sample Measurement				N / A	N / A	ug/L	0	1/month	Grab	
	Permit Requirement				N / A	N / A			1/month	Grab	
FIRE CONTROL SYSTEM TEST WATER Chemical Inventory April - June	Sample Measurement			N / A					1/month	List	
	Permit Requirement			Report					1/month	List	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE	
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager						(562) 628-1526		07 22 2014	
TYPED OR PRINTED								Area Code      Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Fire water is commingled with deck drains and produced water at Platform Elly and is injected at Ellen. The firewater is not chlorinated or chemically treated.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

009  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**NON-CONTACT COOLING WATER (009)**  
(combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type							
		Average	Units	Minimum	Average	Maximum	Units										
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER FLOW VOLUME April	Sample Measurement	36,000	Barrels/ Day					0	1/month	Estimate							
	Permit Requirement	Report							1/month	Estimate							
May	Sample Measurement	36,000	Barrels/ Day					0	1/month	Estimate							
	Permit Requirement	Report							1/month	Estimate							
June	Sample Measurement	36,000	Barrels/ Day					0	1/month	Estimate							
	Permit Requirement	Report							1/month	Estimate							
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER FOAM/FLOATING SOLIDS April	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight							
	Permit Requirement	None		No foam in the receiving water.					1/day	Visual - Daylight							
May	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight							
	Permit Requirement	None		No foam in the receiving water.					1/day	Visual - Daylight							
June	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight							
	Permit Requirement	None		No foam in the receiving water.					1/day	Visual - Daylight							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE								
Jim Guion Executive Vice President, Chief Operating Officer									(562) 628-1526								
TYPED OR PRINTED									07 22 2014								
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code	Number	MONTH/DAY/YEAR								

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

009  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**NON-CONTACT COOLING WATER (009)**  
(combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type					
		Average	Units	Minimum	Monthly Average	Daily Maximum	Units								
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER CHLORINE <sup>1</sup> April - June	Sample Measurement				0.00039	0.00039	mg/L	0	1/quarter	Grab					
	Permit Requirement				0.00583	0.0104			1/quarter	Grab					
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER CHEMICAL INVENTORY April - June				See Attachment #2 Chemical Inventory				0	1/month	List					
				Report					1/month	List					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE						
Jim Guion Executive Vice President, Chief Operating Officer							(562) 628-1526		07 22 2014						
TYPED OR PRINTED							Area Code Number		MONTH/DAY/YEAR						
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT													

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)  
<sup>1</sup> Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the new permit modified March 1, 2014, Appendix C.



Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000	006,007,010,011,012,013,014
PERMIT NO.	DISCHARGE NO.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

Approved Form  
OMB No. 2000-0015

Blowout Preventer Fluids  
Desalination Unit  
Ballast/Storage Displacement  
Bilge Water  
Boiler Blowdown  
Test Fluids  
Diatomaceous Earth Filter Media

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(006) Blowout Preventer Fluids FREE OIL, FOAM, FLOATING SOLIDS April - June	Sample Measurement				No Discharge						
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(007) Desalination Unit FOAM, FLOATING SOLIDS April - June	Sample Measurement				No Discharge						
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(010) Ballast/Storage Displacement Water - FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS April - June	Sample Measurement			Monthly Average bbl/day	No Discharge						
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(011) Bilge Water FLOW RATE April - June	Sample Measurement			Monthly Average bbl/day	No Discharge						
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate
(012) Boiler Blowdown FOAM, FLOATING SOLIDS April - June	Sample Measurement				No Discharge						
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(013) Test Fluids * FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS April - June	Sample Measurement			Monthly Average bbl/day	No Discharge						
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(014) Diatomaceous Earth Filter Media FREE OIL, FOAM, FLOATING SOLIDS April - June	Sample Measurement				No Discharge						
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				TELEPHONE  (562) 628-1526		DATE  07 22 2014			
Jim Guion Executive Vice President, Chief Operating Officer											
TYPED OR PRINTED						Signature of PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

mit

\* See Chemical Inventory, if discharged.



Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

015, 016, 017, 018, 020, 021  
DISCHARGE NO.

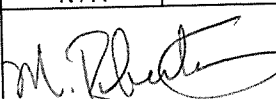
MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

Approved Form  
OMB No. 2000-0015

Bulk Water Transfer Overflow  
Uncontaminated Water  
Water Flooding Discharges  
Laboratory Wastes (commingled w/ production)  
Muds, Cuttings, Cement at Sea  
Hydrotest Water

NOTE: Read instructions before completing this form.

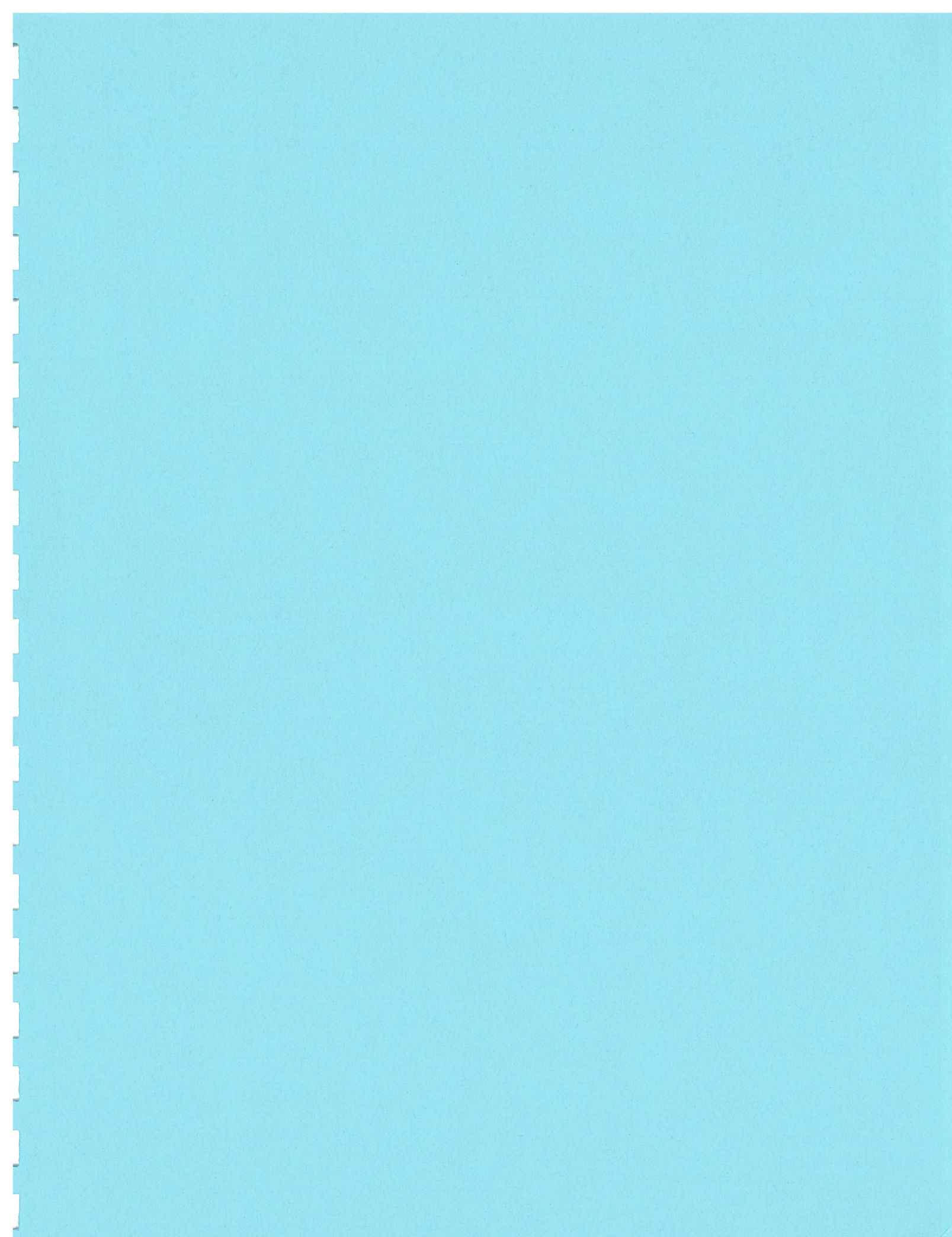
Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Units	Minimum	Average	Maximum	Units			
(015) Bulk Transfer Water Overflow FOAM, FLOATING SOLIDS  April - June	Sample Measurement			No floating solids in the receiving water.				0	1/month	Visual
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
	Sample Measurement			No floating solids in the receiving water.					1/month	Visual
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
(016) Uncontaminated Water, FOAM, FLOATING SOLIDS  April - June	Sample Measurement			No Discharge					1/month	Visual
	Permit Requirement			No floating solids in the receiving water.					1/discharge	Rec. Water
	Sample Measurement			No floating solids in the receiving water.					1/month	Visual
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
(017) Water Flooding Discharges FREE OIL, FOAM, FLOATING SOLIDS*  April - June	Sample Measurement			No Discharge					1/month	Visual
	Permit Requirement			No free oil or floating solids in the receiving water.					1/discharge	Rec. Water
	Sample Measurement			No free oil or floating solids in the receiving water.				0	1/month	Visual
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
(018) Laboratory Wastes FREE OIL, FOAM, FLOATING SOLIDS (commingled w/ production)  April - June	Sample Measurement			No free oil or floating solids in the receiving water.					1/month	Visual
	Permit Requirement			No free oil or floating solids in the receiving water.					1/discharge	Rec. Water
	Sample Measurement			No free oil or floating solids in the receiving water.					1/month	Visual
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
(020) Muds, Cuttings, Cement at Sea FLOOR FREE OIL, FOAM, FLOATING SOLIDS  April - June	Sample Measurement			No Discharge					1/month	Visual
	Permit Requirement			No free oil or floating solids in the receiving water.					1/discharge	Rec. Water
	Sample Measurement			No free oil or floating solids in the receiving water.					1/month	Visual
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
(021) Hydrotest Water FLOW RATE / FREE OIL, FOAM FLOATING SOLIDS  April - June	Sample Measurement		Monthly Average bbl/day	No Discharge					1/month	Estimate / Visual Daylight
	Permit Requirement	Report		No free oil or floating solids in the receiving water.					1/discharge	Visual
	Sample Measurement			No free oil or floating solids in the receiving water.					1/month	Visual
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
(021) HYDROTEST WATER * CHLORINE  April - June	Sample Measurement				No Discharge	No Discharge	ug/L		1/month	Grab
	Permit Requirement				N / A	N / A			1/discharge	Grab
	Sample Measurement				No Discharge	No Discharge	ug/L		1/month	Visual
	Permit Requirement				N / A	N / A			1/discharge	Rec. Water
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager						(562) 628-1526		07 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Uncontaminated water (excess seawater) is combined with non-contact cooling water (refer to non-contact cooling water discharge 009)

\* See Chemical Inventory, if discharged.



# Attachment 2

## Chemical Inventory

**ATTACHMENT 2  
PLATFORM ELLEN  
MISCELLANEOUS DISCHARGES  
CHEMICAL INVENTORY  
April 1, 2014 through June 30, 2014**

<u>Fluid Type</u>	<u>Volume</u> (Monthly avg bbls per day)	<u>Product Name</u>	<u>Estimated Chemical Quantity</u> (Monthly avg gal per day)	<u>Average End-of-Pipe <sup>1</sup> Concentration</u> (mg/l)
009 Non-contact Cooling Water (combined with excess seawater)				
April	36,000	Chlorine	0.91	0.6
May	36,000	Chlorine	1.36	0.9
June	36,000	Chlorine	0.91	0.6
008 Fire Control System Water	N / A	None	None	None
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

<sup>1</sup> Chemical quantity for non-contact cooling water calculated with Operations daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). The chlorine concentrations are the same for Elly and Ellen since Ellen's seawater pump supplies the non-contact cooling water to Elly.

N /A: Not chlorinated

## Attachment 3

# Non-Contact Cooling Water Chlorine Residual Results

**ATTACHMENT 3**  
**PLATFORM ELLEN**  
**NON-CONTACT COOLING WATER CHLORINE RESULTS**  
**April 1, 2014 through June 30, 2014**

<u>Discharge</u>	<u>Measurement Frequency</u>	<u>Average Monthly Limit <sup>1</sup> Post Dilution</u> (mg/l)	<u>Maximum Daily Limit <sup>1</sup> Post Dilution</u> (mg/l)	<u>Result Post Dilution</u> (mg/l)	<u>End-of-Pipe Concentration</u> (mg/l) EPA Method 330.5	<u>EPA Plumes Dilution</u>
009 Non-contact Cooling Water Sample Date: 04/30/14	Once/Quarter	0.00583	0.0104	0.00039	0.058	149:1

<sup>1</sup> Limits are post-dilution as listed in the new permit, Appendix C.

## Attachment 4

### Laboratory reports for NPDES monitoring

### Laboratory Quality Control Reports





## LTS ENVIRONMENTAL, INC.

Beta Offshore  
111 W. Ocean Blvd., Suite 1240  
Long Beach, Ca 90802

May 13, 2014

**Attn: Marina Robertson**

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time	Location	Total Chlorine Residual (EPA Method 330.5) <u>End of Pipe</u>
April 30, 2014 @ 0730 hrs	Platform Elly / Ellen Non-Contact Cooling Water Outlet West Seawater Pump	0.058 mg/l
LTS Meter S/N: I2040E195572		Method Blank < 0.05 mg/l (MDL)
Technician: Cole Jenkins		

**S.G. Lawry**  
*Environmental Specialist / LTS*





## LTS ENVIRONMENTAL, INC.

Beta Offshore  
111 West Ocean Blvd.  
Suite 1240  
Long Beach, Ca 90802

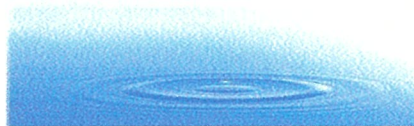
June 23, 2014

**Attn: Marina Robertson**

As part of the Annual Marine Sanitation Device (MSD) Inspection, and to ensure proper operation of the device, LTS Environmental performed an EPA-approved chlorine residual on the effluent. Results of this test are as follows:

Sample Date / Time	Location	Total Chlorine Residual (EPA Method 330.5)
May 25, 2014 @ 0700 hrs	Platform Ellen Sewage Effluent Omnipure 12MX	2.17 mg/l
LTS Meter S/N: 12040E195572		Method Blank < 0.05 mg/l (MDL)
LTS Technician: Cole Jenkins		

**S.G. Lawry**  
*Environmental Specialist / LTS*



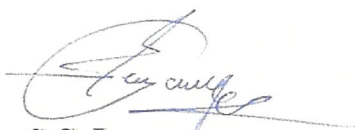
## LTS ENVIRONMENTAL, INC.

August 13, 2013

### Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date	Total Residual Chlorine
August 12, 2013	(EPA Method 330.5)
LTS meter (SN 041200088375)	2.78 mg/l
LTS meter (SN 12040E195572)	2.74 mg/l
RT Corporation test sample:	
Certified Value	2.35 mg/l (+/- .0508)
Standard Deviation	0.208 mg/l
Acceptance Limits	1.73 – 2.98 mg/l
	Method Blank < 0.05 mg/l
LTS Lead Technician: Mike Apple	

  
**S.G. Lawry**  
*Environmental Specialist*  
*President, LTS*



April 14, 2014

Ms. Marina Robertson  
Beta Offshore  
111 W. Ocean Blve #1240  
Long Beach, CA 90802

Dear Ms. Robertson:

We are pleased to present the enclosed drilling mud bioassay report. The test was conducted under guidelines prescribed in *Federal Register/ Vol. 58, No. 41/ Thursday, March 04, 1993/ Rules and Regulations* as provided to us by the US Environmental Protection Agency. Results were as follows:

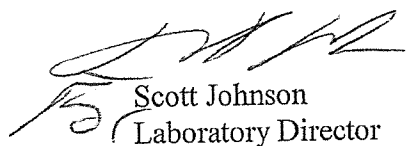
**Mysid Shrimp (*Mysidopsis bahia*) Bioassay**

CLIENT: Beta Offshore  
SAMPLE I.D.: Platform Ellen, Well#A45, Polytek  
DATE RECEIVED: 9 April 2014  
ABC LAB #: LTS0414.092

96 hr. LC50 = >10.0%

STATUS: Pass

Yours very truly,

  
Scott Johnson  
Laboratory Director

### Mysid Survival Test-96 Hr Survival

Start Date: 4/9/2014	Test ID: LTS0414092	Sample ID: CA0000000
End Date: 4/13/2014	Lab ID: CAABC	Sample Type: Drill Mud
Sample Date: 4/7/2014	Protocol: EPAM 87-EPA Marine	Test Species: MY-Mysidopsis bahia
Comments: Platform Ellen Well A-45 Polytek		

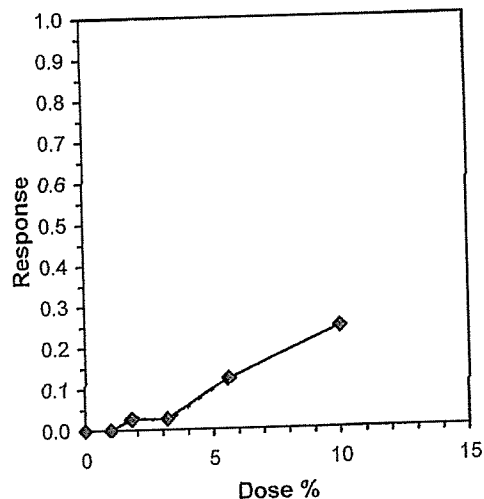
Conc-%	1	2	3
N Control	0.9500	0.9500	0.9500
1	0.9500	0.9500	0.9500
1.8	0.9500	0.9000	0.9000
3.2	0.9000	0.9500	0.9500
5.6	0.9500	0.7500	0.8000
10	0.7000	0.7500	0.7000

Conc-%	Transform: Arcsin Square Root						N	t-Stat	1-Tailed Critical	MSD	Isotonic	
	Mean	N-Mean	Mean	Min	Max	CV%					Mean	N-Mean
N Control	0.9500	1.0000	1.3453	1.3453	1.3453	0.000	3				0.9500	1.0000
1	0.9500	1.0000	1.3453	1.3453	1.3453	0.000	3	0.000	2.500	0.1493	0.9500	1.0000
1.8	0.9167	0.9649	1.2811	1.2490	1.3453	4.337	3	1.075	2.500	0.1493	0.9250	0.9737
3.2	0.9333	0.9825	1.3132	1.2490	1.3453	4.231	3	0.537	2.500	0.1493	0.9250	0.9737
*5.6	0.8333	0.8772	1.1665	1.0472	1.3453	13.516	3	2.994	2.500	0.1493	0.8333	0.8772
*10	0.7167	0.7544	1.0098	0.9912	1.0472	3.204	3	5.619	2.500	0.1493	0.7167	0.7544

Auxiliary Tests								Statistic	Critical	Skew	Kurt
Shapiro-Wilk's Test indicates normal distribution (p > 0.01)								0.89082	0.858	1.09599	3.898
Equality of variance cannot be confirmed											
Hypothesis Test (1-tail, 0.05)		NOEC	LOEC	ChV	TU	MSDu	MSDp	MSB	MSE	F-Prob	df
Dunnett's Test		3.2	5.6	4.2332	31.25	0.084	0.08842	0.05251	0.00535	6.4E-04	5, 12
Treatments vs N Control											

#### Linear Interpolation (200 Resamples)

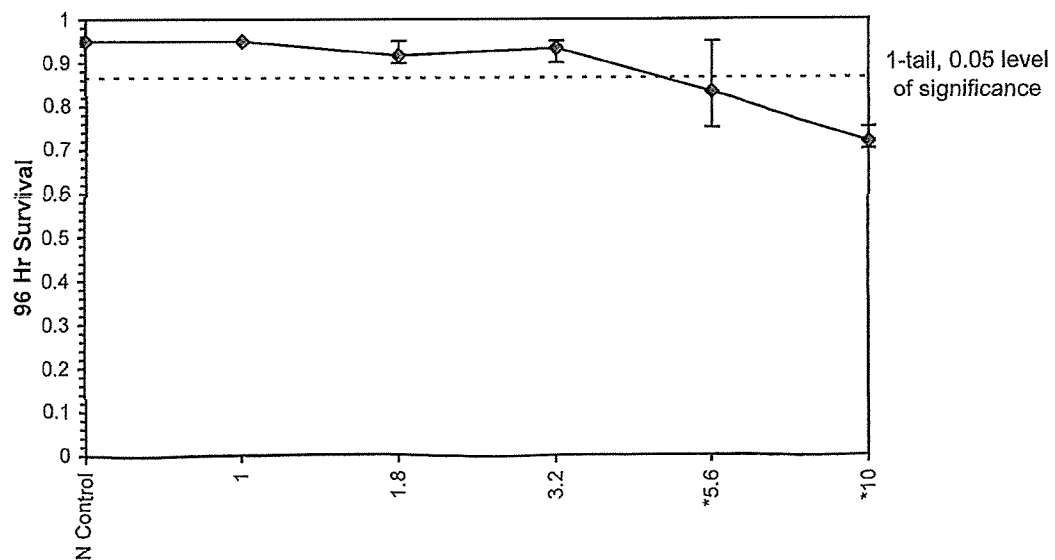
Point	%	SD	95% CL(Exp)		Skew
IC05	3.7891	0.8139	2.1110	8.6984	0.9073
IC10	5.0327	0.9499	3.0488	9.4094	0.6722
IC15	6.5743	1.1191	2.7895	9.7927	-0.0137
IC20	8.3657	1.1933	2.2553	10.3193	-0.8556
IC25	>10				
IC40	>10				
IC50	>10				



# Mysid Survival Test-96 Hr Survival

Start Date: 4/9/2014	Test ID: LTS0414092	Sample ID: CA0000000
End Date: 4/13/2014	Lab ID: CAABC	Sample Type: Drill Mud
Sample Date: 4/7/2014	Protocol: EPAM 87-EPA Marine	Test Species: MY-Mysidopsis bahia
Comments: Platform Ellen Well A-45 Polytek		

Dose-Response Plot



**Mysid Survival Test-96 Hr Survival**

Start Date: 4/9/2014	Test ID: LTS0414092	Sample ID: CA0000000
End Date: 4/13/2014	Lab ID: CAABC	Sample Type: Drill Mud
Sample Date: 4/7/2014	Protocol: EPAM 87-EPA Marine	Test Species: MY-Mysidopsis bahia
Comments: Platform Ellen Well A-45 Polytek		

**Auxiliary Data Summary**

Conc-%	Parameter	Mean	Min	Max	SD	CV%	N
N Control	Temp C	22.00	22.00	22.00	0.00	0.00	2
1		22.00	22.00	22.00	0.00	0.00	2
1.8		22.00	22.00	22.00	0.00	0.00	2
3.2		22.00	22.00	22.00	0.00	0.00	2
5.6		22.00	22.00	22.00	0.00	0.00	2
10		22.00	22.00	22.00	0.00	0.00	2
N Control	pH	7.65	7.60	7.70	0.07	3.48	2
1		7.65	7.60	7.70	0.07	3.48	2
1.8		7.65	7.60	7.70	0.07	3.48	2
3.2		7.65	7.60	7.70	0.07	3.48	2
5.6		7.60	7.60	7.60	0.00	0.00	2
10		7.55	7.50	7.60	0.07	3.52	2
N Control	DO mg/L	7.80	7.70	7.90	0.14	4.82	2
1		7.65	7.60	7.70	0.07	3.48	2
1.8		7.65	7.60	7.70	0.07	3.48	2
3.2		7.55	7.50	7.60	0.07	3.52	2
5.6		7.55	7.50	7.60	0.07	3.52	2
10		7.40	7.40	7.40	0.00	0.00	2
N Control	Salinity ppt	25.00	25.00	25.00	0.00	0.00	2
1		25.00	25.00	25.00	0.00	0.00	2
1.8		25.00	25.00	25.00	0.00	0.00	2
3.2		25.00	25.00	25.00	0.00	0.00	2
5.6		25.00	25.00	25.00	0.00	0.00	2
10		25.00	25.00	25.00	0.00	0.00	2

LTS Environmental, Inc.  
704 Adirondack Avenue  
Ventura, CA 93003  
805-644-4560

Report to: Beta Offshore-Marina Robertson  
111 W. Ocean Blvd #1240  
Long Beach, Ca 90802

Bill to: Beta Offshore-Marina Robertson  
111 W. Ocean Blvd #1240  
Long Beach, Ca 90802

FACILITY: Beta Offshore Platform ELLEN  
COLLECTOR: Erin Coleman, GPEO Drilling  
PROJECT/CHARGE #: Drilling Mud Well #  
RESULTS REQUIRED: normal  
RESULTS BY: PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SUBMITTED TO: ABC Lab  
REPORT TO: Marina Robertson PHONE: \_\_\_\_\_  
COPIES TO: S. Lawry FAX: \_\_\_\_\_  
Ops. Supervisor PHONE: \_\_\_\_\_

SAMPLE NO.	SAMPLE ID/LOCATION	GRAB/COMP.	VOLUME	DATE/TIME COLLECTED	PRESERV.	ANALYSES REQUESTED (METHOD)
1	Well #: <u>45</u> Mud Type: <u>Polytek</u>	grab	<u>2.4</u> Qt	<u>4-7-14 1800</u>	ice	Mysidopsis bahia LC 50 (96 hour)

Comments: Indicate Well Footage: 6766'

Relinquished by: JAMES C. Ford Date: 4-8-14  
Received by: Colin J. Ford Time: 11:00

Relinquished by: Colin J. Ford Date: 4-9-14  
Received by: [Signature] Time: 12:00

Relinquished by: \_\_\_\_\_ Date: \_\_\_\_\_  
Received by: \_\_\_\_\_ Time: \_\_\_\_\_

Relinquished by: \_\_\_\_\_ Date: \_\_\_\_\_  
Received by: \_\_\_\_\_ Time: \_\_\_\_\_

*Mysidopsis bahia* Acute Survival Bioassay

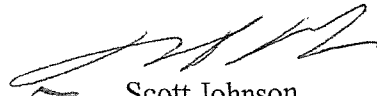
DATE: 9 April 2014

STANDARD TOXICANT: Sodium dodecyl sulfate

ENDPOINT: SURVIVAL

IC25 = 19.49 mg/l  
IC50 = 25.64 mg/l

Yours very truly,

  
Scott Johnson  
Laboratory Director



### Mysid Survival Test-96 Hr Survival

Start Date: 4/9/2014	Test ID: MYS4914DM	Sample ID: CA0000000	
End Date: 4/13/2014	Lab ID: CAABC	Sample Type: SDS-Sodium dodecyl sulfate	
Sample Date: 4/9/2014	Protocol: EPAM 87-EPA Marine	Test Species: MY-Mysidopsis bahia	
Comments: Standard Toxicant Drill Mud			

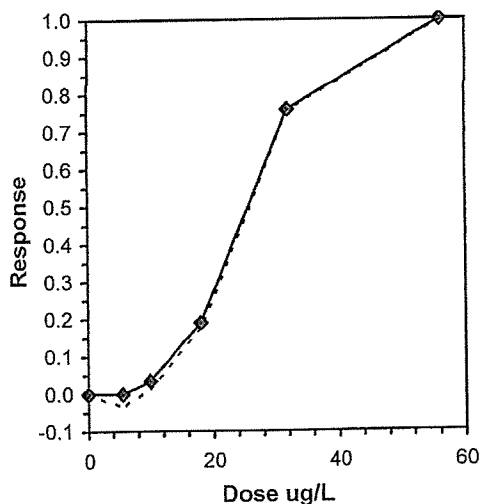
Conc-ug/L	1	2	3
N Control	0.9500	0.9500	0.9500
5.6	1.0000	1.0000	0.9500
10	0.9500	0.9000	0.9500
18	0.9500	0.7000	0.7000
32	0.1500	0.2000	0.3500
56	0.0000	0.0000	0.0000

Conc-ug/L	Transform: Arcsin Square Root						N	t-Stat	1-Tailed Critical	MSD	Isotonic	
	Mean	N-Mean	Mean	Min	Max	CV%					Mean	N-Mean
N Control	0.9500	1.0000	1.3453	1.3453	1.3453	0.000	3				0.9667	1.0000
5.6	0.9833	1.0351	1.4209	1.3453	1.4588	4.611	3	-0.898	2.500	0.2107	0.9667	1.0000
10	0.9333	0.9825	1.3132	1.2490	1.3453	4.231	3	0.381	2.500	0.2107	0.9333	0.9655
*18	0.7833	0.8246	1.1092	0.9912	1.3453	18.433	3	2.801	2.500	0.2107	0.7833	0.8103
*32	0.2333	0.2456	0.4981	0.3977	0.6331	24.372	3	10.052	2.500	0.2107	0.2333	0.2414
*56	0.0000	0.0000	0.1120	0.1120	0.1120	0.000	3	14.634	2.500	0.2107	0.0000	0.0000

Auxiliary Tests					Statistic	Critical	Skew	Kurt		
Shapiro-Wilk's Test indicates normal distribution (p > 0.01)					0.88759	0.858	1.09066	2.29453		
Equality of variance cannot be confirmed										
Hypothesis Test (1-tail, 0.05)	NOEC	LOEC	ChV	TU	MSDu	MSDp	MSB	MSE	F-Prob	df
Dunnett's Test	10	18	13.4164		0.12851	0.13527	0.86402	0.01065	8.0E-09	5, 12
Treatments vs N Control										

### Linear Interpolation (200 Resamples)

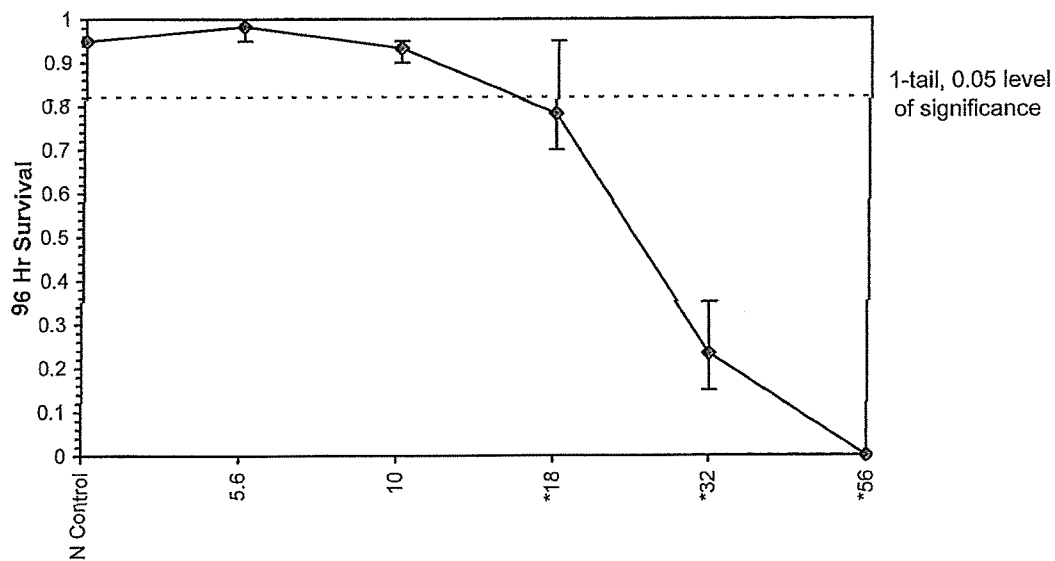
Point	ug/L	SD	95% CL(Exp)	Skew
IC05	10.800	1.919	6.579 26.561	2.2687
IC10	13.378	2.405	9.321 25.751	0.6260
IC15	15.956	2.146	10.266 24.979	0.1857
IC20	18.255	1.856	11.517 24.436	-0.3505
IC25	19.485	1.624	13.944 25.110	-0.2701
IC40	23.176	1.191	19.131 28.063	-0.0790
IC50	25.636	1.070	21.771 29.954	0.0901



# Mysid Survival Test-96 Hr Survival

Start Date: 4/9/2014	Test ID: MYS4914DM	Sample ID: CA0000000
End Date: 4/13/2014	Lab ID: CAABC	Sample Type: SDS-Sodium dodecyl sulfate
Sample Date: 4/9/2014	Protocol: EPAM 87-EPA Marine	Test Species: MY-Mysidopsis bahia
Comments: Standard Toxicant Drill Mud		

Dose-Response Plot



**Mysid Survival Test-96 Hr Survival**

Start Date: 4/9/2014	Test ID: MYS4914DM	Sample ID: CA0000000
End Date: 4/13/2014	Lab ID: CAABC	Sample Type: SDS-Sodium dodecyl sulfate
Sample Date: 4/9/2014	Protocol: EPAM 87-EPA Marine	Test Species: MY-Mysidopsis bahia
Comments: Standard Toxicant Drill Mud		

**Auxiliary Data Summary**

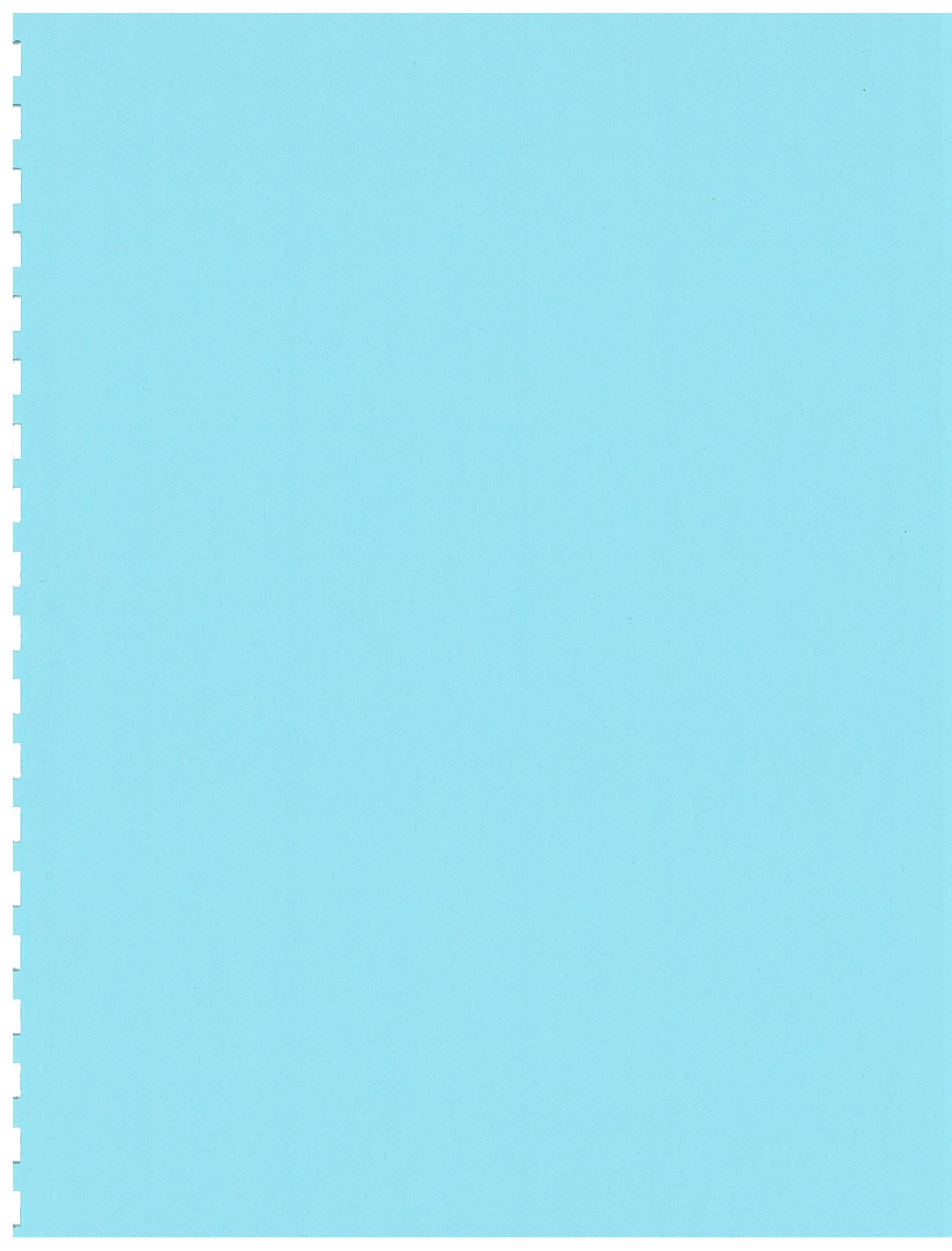
Conc-ug/L	Parameter	Mean	Min	Max	SD	CV%	N
N Control	Temp C	22.00	22.00	22.00	0.00	0.00	2
5.6		22.00	22.00	22.00	0.00	0.00	2
10		22.00	22.00	22.00	0.00	0.00	2
18		22.00	22.00	22.00	0.00	0.00	2
32		22.00	22.00	22.00	0.00	0.00	2
56		22.00	22.00	22.00	0.00	0.00	2
N Control	pH	7.65	7.60	7.70	0.07	3.48	2
5.6		7.45	7.30	7.60	0.21	6.18	2
10		7.35	7.20	7.50	0.21	6.27	2
18		7.35	7.20	7.50	0.21	6.27	2
32		7.35	7.20	7.50	0.21	6.27	2
56		7.20	7.20	7.20	0.00	0.00	2
N Control	DO mg/L	7.80	7.70	7.90	0.14	4.82	2
5.6		7.55	7.40	7.70	0.21	6.10	2
10		7.35	7.00	7.70	0.49	9.57	2
18		7.25	7.00	7.50	0.35	8.20	2
32		7.10	7.00	7.20	0.14	5.30	2
56		6.75	6.50	7.00	0.35	8.81	2
N Control	Salinity ppt	25.00	25.00	25.00	0.00	0.00	2
5.6		25.00	25.00	25.00	0.00	0.00	2
10		25.00	25.00	25.00	0.00	0.00	2
18		25.00	25.00	25.00	0.00	0.00	2
32		25.00	25.00	25.00	0.00	0.00	2
56		25.00	25.00	25.00	0.00	0.00	2

# Attachment 5

## Drilling Mud Chemical Inventory

**ATTACHMENT 5  
PLATFORM ELLEN  
DRILLING MUD CHEMICAL INVENTORY  
WELL A-45**

Mud Component Additive	Total Pounds	%	ppm
Polytek	5940	5.8%	57,561
KCl (Potassium Chloride)	2322	2.3%	22,501
Calcium Carbonate	8400	8.1%	81,400
Geozan	67	0.1%	649
KOH (Caustic)	50	0.05%	485
Liquid Flow/Zan	890	0.86%	8,625
Defoamer 7	522	0.51%	5,058
Driscap R	2700	2.62%	26,164
SDIC	0	0.00%	-
DMS 30	482	0.47%	4,671
CS-800	2750	2.66%	26,649
Lubra-Glide Beads	1650	1.60%	15,989
Soda Ash	1050	1.02%	10,175
Brine Water	76371	74.0%	740,072



Platform Elly

Attachment 1

EPA DMR  
PERMIT NO. CAG280000



Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**WELL DISCHARGE MONITORING REPORT (Well DMR)**

CAG280000  
PERMIT NO.


001,003,019  
DISCHARGE NO.

Beta Platform Elly  
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

Approved Form  
OMB No. 2000-0015  
**DRILLING FLUIDS AND DRILL CUTTINGS (001)**  
**WELL TREATMENT, COMPLETION**  
**AND WORKOVER FLUIDS (003)**  
**EXCESS CEMENT SLURRY (019)**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type									
		Average	Maximum	Units	Minimum	Average	Maximum	Units												
DRILLING FLUIDS MONITORING Well # N / A  April - June	Sample Measurement		No Discharge	Barrels/ Well																
	Permit Requirement		Report						1/well 1/day	Estimate										
DRILL CUTTINGS MONITORING Well # N / A  April - June	Sample Measurement		No Discharge	Barrels/ Month						1/well 1/day	Estimate									
	Permit Requirement		Report																	
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS MONITORING  April - June	Sample Measurement		No Discharge	Barrels / Job						1 / job	Estimate									
	Permit Requirement		Report																	
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS Chemical Inventory  April - June	Sample Measurement				No Discharge															
	Permit Requirement				Report				1/month	List										
EXCESS CEMENT SLURRY FLOW MONITORING  April - June	Sample Measurement		No Discharge	Monthly Average bbl/day																
	Permit Requirement		Report						1/month	Estimate										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE									
Jim Guion Executive Vice President, Chief Operating Officer																				
TYPED OR PRINTED																				
		 Marina Robertson, HSE Manager							(562) 628-1526	07 22	2014									
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT							Area Code	Number	MONTH/DAY/YEAR									

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

There are no wells or drilling activities at Platform Elly.



Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

002  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	04	01	To:	14 06 30

**PRODUCED WATER (002)**  
(commingled with Platform Eureka & Ellen)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum	Units				
<b>PRODUCED WATER FLOW RATE</b> (commingled with Eureka and Ellen) April	Sample Measurement	0		Monthly Average bbl/Day					0	1/day	Estimate	
	Permit Requirement									1/day	Estimate	
May	Sample Measurement	0		Monthly Average bbl/Day						1/day	Estimate	
	Permit Requirement											
June	Sample Measurement	0		Monthly Average bbl/Day						1/day	Estimate	
	Permit Requirement											
<b>QUARTERLY AVERAGE Volume</b> 04/01/14 - 06/30/14		No Discharge		Quarterly Average bbl/Day					0	1/quarter	Estimate	
										1/quarter	Estimate	
<b>ANNUAL CUMULATIVE Volume<sup>1</sup></b> 03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year					0	1/quarter	Estimate	
	Permit Requirement		10,950,000 *							1/quarter	Estimate	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE	
<b>Jim Guion</b> Executive Vice President, Chief Operating Officer									(562) 628-1526		07 22 2014	
TYPED OR PRINTED									Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2014 through February 2015.

\* The total annual cumulative volume limit is a combined limit of produced water volumes discharged from Platforms Ellen, Elly, and Eureka as listed in the NPDES permit. The 'sample measurement' listed is a combined total for Ellen, Elly, and Eureka.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

002  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**PRODUCED WATER (002)  
Enforceable Limits**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type							
		Average	Maximum	Units	Minimum	Average	Maximum	Units									
PRODUCED WATER OIL & GREASE	Sample Measurement					No Discharge	No Discharge										
	Permit Requirement					29.0	42.0	mg/L		Grab/ Composite							
April	Sample Measurement					No Discharge	No Discharge										
	Permit Requirement					29.0	42.0	mg/L		1/week							
May	Sample Measurement					No Discharge	No Discharge										
	Permit Requirement					29.0	42.0	mg/L		1/week							
June	Sample Measurement					No Discharge	No Discharge										
	Permit Requirement					29.0	42.0	mg/L		1/week							
PRODUCED WATER QUARTERLY CONSTITUENTS						No Discharge											
						Pass / Fail											
3-SPECIES TOXICITY																	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE								
Jim Guion Executive Vice President, Chief Operating Officer									07 22 2014								
TYPED OR PRINTED																	
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number		MONTH/DAY/YEAR								

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Oil and grease sampling is weekly during discharge (no sample during weeks with no produced water discharges).

Results showing NODI(B): below MDL. The maximum value of the analytical result is less than the laboratory's MDL (below detection level).

Results showing NODI(Q): equal to or above the MDL, but less than the ML or PQL.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

004  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**DECK DRAINAGE (004)**  
(Commingled with produced water)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type								
		Average	Units	Minimum	Average	Maximum	Units											
<b>DECK DRAINAGE VOLUME-FLOW RATE</b> (commingled with produced water) April	Sample Measurement	N / A	Mo. Avg. bbl/day															
	Permit Requirement	Report							1/month	Estimate								
May	Sample Measurement	N / A	Mo. Avg. bbl/day															
	Permit Requirement	Report							1/month	Estimate								
June	Sample Measurement	N / A	Mo. Avg. bbl/day															
	Permit Requirement	Report							1/month	Estimate								
<b>DECK DRAINAGE FREE OIL</b> April	Sample Measurement	N / A	# Days Sheen Observed	N / A														
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight								
May	Sample Measurement	N / A	# Days Sheen Observed	N / A														
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight								
June	Sample Measurement	N / A	# Days Sheen Observed	N / A														
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE								
Jim Guion Executive Vice President, Chief Operating Officer																		
TYPED OR PRINTED																		
		 Marina Robertson, HSE Manager						(562) 628-1526		07 22 2014								
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR								

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Deck drains are commingled with produced water (refer to produced water reporting requirements).

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

005  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**SANITARY & DOMESTIC WASTES (005)**  
(Domestic water commingled with Production)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type									
		Average	Maximum	Units	Minimum	Average	Maximum	Units												
SANITARY WASTES FLOW RATE	Sample Measurement	N / A		Monthly Average bbl/day						1/month	Estimate									
	Permit Requirement	Report																		
April																				
May	Sample Measurement	N / A		Monthly Average bbl/day						1/month	Estimate									
	Permit Requirement	Report																		
June																				
SANITARY WASTES FOAM & FLOATING SOLIDS	Sample Measurement		N / A	# days observed	N / A					1/day	Visual - Daylight									
	Permit Requirement		None		No foam or floating solids in the receiving waters.															
April																				
May	Sample Measurement		N / A	# days observed	N / A					1/day	Visual - Daylight									
	Permit Requirement		None		No foam or floating solids in the receiving waters.															
June																				
June	Sample Measurement		N / A	# days observed	N / A					1/day	Visual - Daylight									
	Permit Requirement		None		No foam or floating solids in the receiving waters.															
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE									
Jim Guion Executive Vice President, Chief Operating Officer																				
TYPED OR PRINTED																				
									Area Code		Number									

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A : There are no discharges at Platform Elly. Sanitary volumes are discharged at Platform Ellen (refer to Plt. Ellen DMR).

## Attachment 3

# Non-Contact Cooling Water Chlorine Residual Results

**ATTACHMENT 3**  
**PLATFORM ELLY**  
**NON-CONTACT COOLING WATER CHLORINE RESULTS**  
**April 1, 2014 through June 30, 2014**

<u>Discharge</u>	<u>Measurement Frequency</u>	<u>Average Monthly Limit <sup>1</sup> Post Dilution</u> (mg/l)	<u>Maximum Daily Limit <sup>1</sup> Post Dilution</u> (mg/l)	<u>Result Post Dilution</u> (mg/l)	<u>End-of-Pipe Concentration</u> (mg/l) EPA Method 330.5	<u>EPA Plumes Dilution</u>
009 Non-contact Cooling Water Sample Date: 04/30/14	Once/Quarter	0.00585	0.0102	0.0002	0.058	277:1

<sup>1</sup> Limits are post-dilution as listed in the new permit, Appendix C.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

005  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**SANITARY & DOMESTIC WASTES (005)**  
(Domestic water commingled with Production)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
SANITARY WASTE RESIDUAL CHLORINE April	Sample Measurement				N / A	N / A	N / A	mg/l			
	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab
May	Sample Measurement				N / A	N / A	N / A	mg/l			
	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab
June	Sample Measurement				N / A	N / A	N / A	mg/l			
	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab
DOMESTIC WASTE , FLOW RATE April - June	Sample Measurement	N / A		Monthly Average bbl/day						1/month	Estimate
	Permit Requirement	Report									
DOMESTIC WASTE FOAM & FLOATING SOLIDS April - June	Sample Measurement		N / A	# days observed	N / A					1/day	Visual - Daylight
	Permit Requirement		None		No foam or floating solids in the receiving waters.						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER					TELEPHONE				DATE		
Jim Guion Executive Vice President, Chief Operating Officer					(562) 628-1526				07 22 2014		
TYPED OR PRINTED					Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT				MONTH/DAY/YEAR		
					Area Code Number						

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A : There are no discharges at Platform Elly. Sanitary volumes are discharged at Platform Ellen (refer to Plt. Ellen DMR).  
<sup>1</sup> Domestic water, as laundry, is commingled with produced water and injected (refer to Produced Water). Domestic water from showers and sinks is commingled with sanitary at Platform Ellen (refer to Platform Ellen DMR).

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

008  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**FIRE CONTROL WATER (008)**  
(Commingled with production)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Units	Minimum	Average	Maximum	Units			
FIRE CONTROL SYSTEM TEST WATER (008) - FOAM FLOATING SOLIDS April	Sample Measurement	None	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
	Sample Measurement	None	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
May	Sample Measurement	None	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
	Sample Measurement	None	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
June	Sample Measurement	None	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
	Sample Measurement		# Days Observed		Monthly Average	Daily Maximum				
	Permit Requirement									
FIRE CONTROL SYSTEM TEST WATER (008) CHLORINE <sub>1</sub> April - June	Sample Measurement				N / A	N / A	ug/L			
	Permit Requirement				N / A	N / A			1/month	Grab
	Sample Measurement									
	Permit Requirement									
FIRE CONTROL SYSTEM TEST WATER Chemical Inventory <sub>1</sub> April - June	Sample Measurement				N / A		ug/L		1/month	List
	Permit Requirement				Report				1/month	List
	Sample Measurement									
	Permit Requirement									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					TELEPHONE		DATE	
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager					(562) 628-1526		07 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Fire water is commingled with deck drains and produced water and is injected. Small amounts may be discharged overboard during fire water system testing.  
<sup>1</sup>The firewater is not chlorinated or chemically treated. Refer to produced water discharges.



Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

009  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**NON-CONTACT COOLING WATER (009)**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type			
		Average	Units	Minimum	Monthly Average	Daily Maximum	Units						
NON-CONTACT COOLING WATER (009) - CHLORINE <sup>1</sup> April - June	Sample Measurement				0.00021	0.00021	mg/L	0	1/quarter	Grab			
	Permit Requirement				0.00585	0.0102			1/quarter	Grab			
NON-CONTACT COOLING WATER (009) CHEMICAL INVENTORY April - June				See Attachment #2 Chemical Inventory				0	1/month	List			
				Report					1/month	List			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				TELEPHONE		DATE					
Jim Guion Executive Vice President, Chief Operating Officer						(562) 628-1526		07 22 2014					
TYPED OR PRINTED						Marina Robertson, HSE Manager							
						Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code Number		MONTH/DAY/YEAR			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the new permit modified March 1, 2014, Appendix C.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000	006,007,010,011,012,013,014
PERMIT NO.	DISCHARGE NO.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

Beta Platform Elly  
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

Approved Form  
OMB No. 2000-0015

Blowout Preventer Fluids  
Desalination Unit  
Ballast/Storage Displacement  
Bilge Water  
Boiler Blowdown  
Test Fluids  
Diatomaceous Earth Filter Media

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum	Units				
(006) Blowout Preventer Fluids FREE OIL, FOAM, FLOATING SOLIDS April - June	Sample Measurement				No Discharge							
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water	
(007) Desalination Unit FOAM, FLOATING SOLIDS April - June	Sample Measurement				No Discharge							
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water	
(010) Ballast/Storage Displacement Water - FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS April - June	Sample Measurement			Monthly Average	No Discharge							
	Permit Requirement	Report		bbl/day	No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight	
(011) Bilge Water FLOW RATE April - June	Sample Measurement			Monthly Average	No Discharge							
	Permit Requirement	Report		bbl/day	No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate	
(012) Boiler Blowdown FOAM, FLOATING SOLIDS April - June	Sample Measurement				No Discharge							
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water	
(013) Test Fluids * FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS April - June	Sample Measurement			Monthly Average	No Discharge							
	Permit Requirement	Report		bbl/day	No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight	
(014) Diatomaceous Earth Filter Media FREE OIL, FOAM, FLOATING SOLIDS April - June	Sample Measurement				No Discharge							
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)</p> <p><i>M. Robertson</i> Marina Robertson, HSE Manager</p>							TELEPHONE		DATE	
Jim Guion Executive Vice President, Chief Operating Officer									(562) 628-1526		07 22 2014	
TYPED OR PRINTED									Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code Number	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

\* See Chemical Inventory, if discharged.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

Approved Form  
OMB No. 2000-0015


CAG280000	015, 016, 017, 018, 020, 021
PERMIT NO.	DISCHARGE NO.

Bulk Water Transfer Overflow  
Uncontaminated Water  
Water Flooding Discharges  
Laboratory Wastes (Commingle w/ produced water)  
Muds, Cuttings, Cement at Sea  
Hydrotest Water

Beta Platform Elly  
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Units	Minimum	Average	Maximum	Units			
(015) Bulk Transfer Water Overflow FOAM, FLOATING SOLIDS  April - June	Sample Measurement			No floating solids in the receiving water.				0	1/month	Visual
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
				No floating solids in the receiving water.					1/month	Visual
(016) Uncontaminated Water FOAM, FLOATING SOLIDS  April - June	Sample Measurement			No floating solids in the receiving water.				0	1/month	Visual
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
				No floating solids in the receiving water.					1/month	Visual
(017) Water Flooding Discharges FREE OIL, FOAM, FLOATING SOLIDS*  April - June	Sample Measurement			No Discharge						
	Permit Requirement			No free oil or floating solids in the receiving water.					1/month	Visual
				No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
(018) Laboratory Wastes FREE OIL, FOAM, FLOATING SOLIDS (commingled with produced water)  April - June	Sample Measurement			N / A (refer to produced water requirements)				0	1/month	Visual
	Permit Requirement			No free oil or floating solids in the receiving water.					1/discharge	Rec. Water
				No foam, in other than trace amounts, in the receiving water.					1/month	Visual
(020) Muds, Cuttings, Cement at Sea Floor FLOOR FREE OIL, FOAM, FLOATING SOLIDS  April - June	Sample Measurement			No Discharge						
	Permit Requirement			No free oil or floating solids in the receiving water.					1/month	Visual
				No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
(021) Hydrotest Water * FLOW RATE / FREE OIL, FOAM FLOATING SOLIDS  April - June	Sample Measurement		Monthly Average	No Discharge						
	Permit Requirement	Report	bbl/day	No free oil or floating solids in the receiving water.					1/month	Estimate /
				No foam, in other than trace amounts, in the receiving water.					1/discharge	Visual Daylight
(021) HYDROTEST WATER CHLORINE  April - June	Sample Measurement				No Discharge	No Discharge	ug/L			
	Permit Requirement				N / A	N / A			1/month	Grab
									1/discharge	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer								(562) 628-1526		07 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

\* See Chemical Inventory, if discharged.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

022  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**H2S Gas Processing Waste Water**

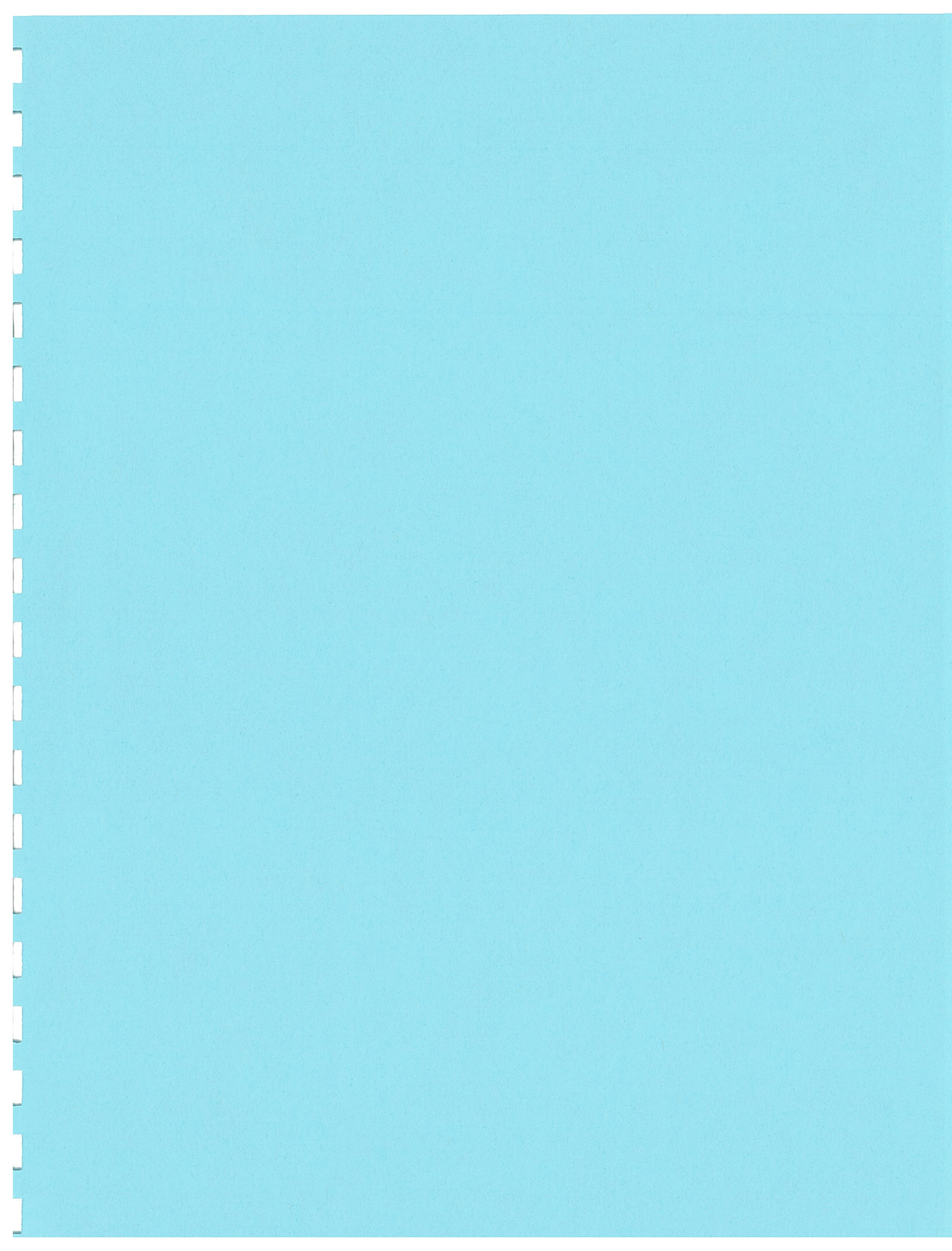
NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type																
		Average	Maximum	Units	Minimum	Average	Maximum	Units																			
(022) H2S Gas Processing Waste Water FLOW RATE April - June	Sample Measurement			Monthly Average bbl/day						1/discharge	Estimate																
	Permit Requirement	Report								1/discharge	Estimate																
(022) H2S Gas Processing Waste Water FREE OIL, FOAM, FLOATING SOLIDS April - June	Sample Measurement				No Discharge					1/discharge	Visual - Daylight																
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/discharge	Visual - Daylight																
Surfactants, Detergents, Dispersants, <sup>1</sup>	Sample Measurement				Minimized				0																		
	Permit Requirement				Minimize																						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)							TELEPHONE		DATE																
Jim Guion Executive Vice President, Chief Operating Officer																											
TYPED OR PRINTED																											
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT							Area Code Number		MONTH/DAY/YEAR																

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Any detergents, dispersants, or surfactants used are either included with sanitary and domestic discharges or produced water discharges.





## Attachment 2

# Chemical Inventory

**ATTACHMENT 2  
PLATFORM ELLY  
MISCELLANEOUS DISCHARGES  
CHEMICAL INVENTORY  
April 1, 2014 through June 30, 2014**

<u>Fluid Type</u>	<u>Volume</u> (Monthly avg bbls per day)	<u>Product Name</u>	<u>Estimated Chemical Quantity</u> (Monthly avg gal per day)	<u>Average End-of-Pipe <sup>1</sup> Concentration</u> (mg/l)
009 Non-contact Cooling Water				
	April	5,143	Chlorine	0.13
	May	5,143	Chlorine	0.19
	June	5,143	Chlorine	0.13
008 Fire Control System Water	N / A	None	None	None
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

<sup>1</sup> Chemical quantity for non-contact cooling water calculated with Operations daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). The chlorine concentrations are the same for Elly and Ellen since Ellen's seawater pump supplies the non-contact cooling water to Elly.

N / A: Not chlorinated

## Attachment 4

### Laboratory reports for NPDES monitoring

### Laboratory Quality Control Reports





## LTS ENVIRONMENTAL, INC.

Beta Offshore  
111 W. Ocean Blvd., Suite 1240  
Long Beach, Ca 90802

May 13, 2014

**Attn: Marina Robertson**

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time	Location	Total Chlorine Residual (EPA Method 330.5) <u>End of Pipe</u>
April 30, 2014 @ 0730 hrs	Platform Elly / Ellen Non-Contact Cooling Water Outlet West Seawater Pump	0.058 mg/l
LTS Meter S/N: 12040E195572		Method Blank < 0.05 mg/l (MDL)

Technician: Cole Jenkins

**S.G. Lawry**  
*Environmental Specialist / LTS*



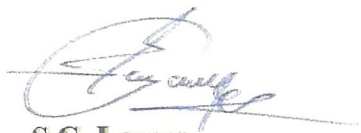
## LTS ENVIRONMENTAL, INC.

August 13, 2013

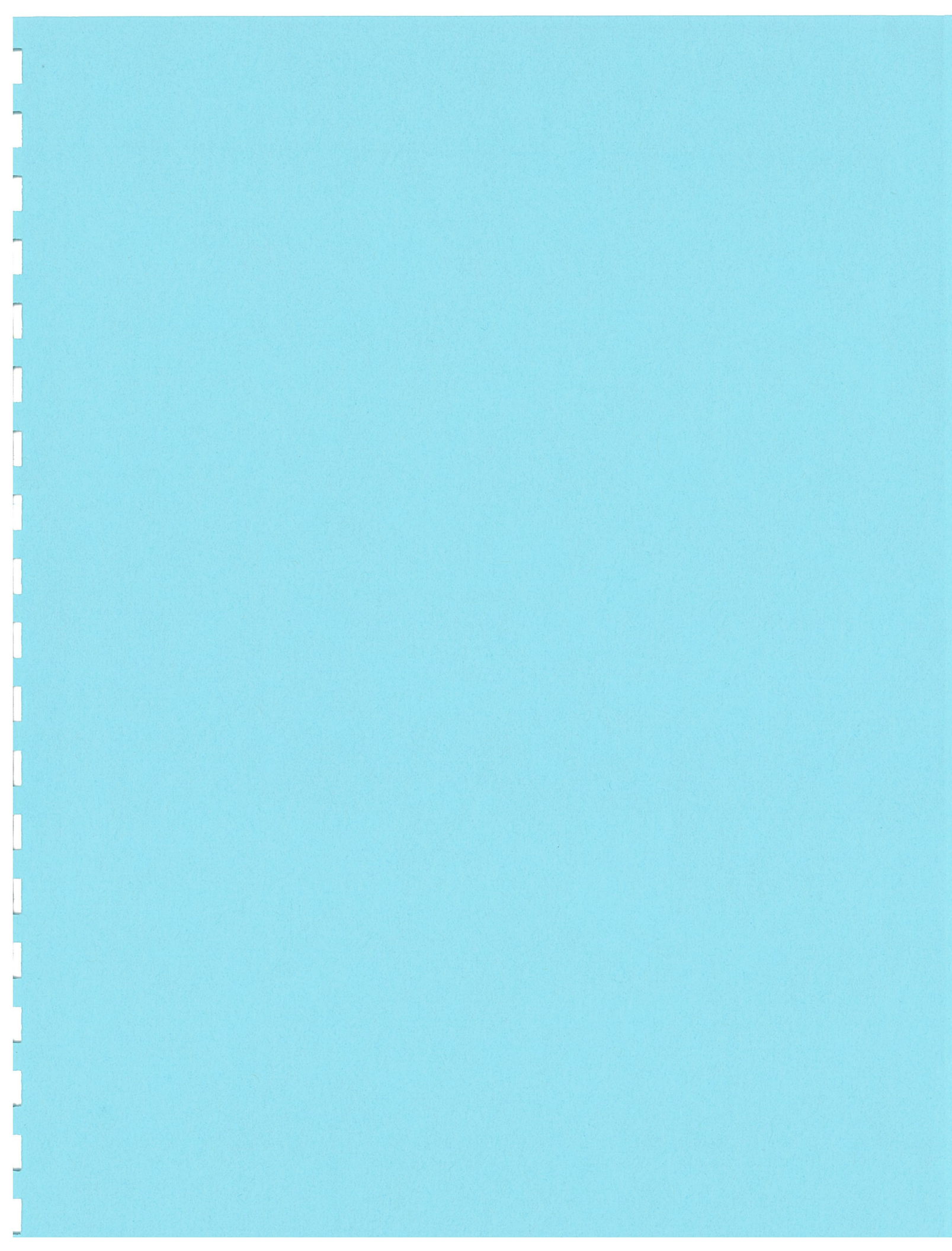
### Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date	Total Residual Chlorine
August 12, 2013	(EPA Method 330.5)
LTS meter (SN 041200088375)	2.78 mg/l
LTS meter (SN 12040E195572)	2.74 mg/l
RT Corporation test sample:	
Certified Value	2.35 mg/l (+/- .0508)
Standard Deviation	0.208 mg/l
Acceptance Limits	1.73 – 2.98 mg/l
	Method Blank < 0.05 mg/l
LTS Lead Technician: Mike Apple	

  
S.G. Lawry  
Environmental Specialist  
President, LTS





Platform Eureka

Attachment 1

EPA DMR  
PERMIT NO. CAG280000

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**WELL DISCHARGE MONITORING REPORT (Well DMR)**

CAG280000  
PERMIT NO.

001  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	04	To:	14	06

**DRILLING FLUIDS AND DRILL CUTTINGS (001)**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type												
		Average	Maximum	Units	Minimum	Average	Maximum	Units															
DRILLING FLUIDS VOLUME Well # N / A  April	Sample Measurement		No Discharge	Barrels/ Well						1/well 1/day	Estimate												
	Permit Requirement		Report																				
Well # N / A  May	Sample Measurement		No Discharge	Barrels/ Well						1/well 1/day	Estimate												
	Permit Requirement		Report																				
Well # N / A  June	Sample Measurement		No Discharge	Barrels/ Well						1/well 1/day	Estimate												
	Permit Requirement		Report																				
Quarterly Total 04/01/14 - 06/30/14	Sample Measurement		0	Barrels/ Quarter					0														
	Permit Requirement		Report																				
Annual Cumulative Volume Limit <sup>1</sup> 03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year					0														
	Permit Requirement		36,650																				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE												
Jim Guion Executive Vice President, Chief Operating Officer																							
TYPED OR PRINTED																							
									(562) 628-1526		07 22 2014												
									Area Code Number		MONTH/DAY/YEAR												

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**WELL DISCHARGE MONITORING REPORT (Well DMR)**

CAG280000  
PERMIT NO.

001  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type											
		Average	Maximum	Units	Minimum	Average	Maximum	Units														
DRILL CUTTINGS VOLUME Well # N / A	Sample Measurement		No Discharge	Barrels/ Month																		
	Permit Requirement		Report							1/well 1/day	Estimate Grab											
Well # N / A April	Sample Measurement		No Discharge	Barrels/ Month																		
	Permit Requirement		Report							1/well 1/day	Estimate Grab											
Well # N / A May	Sample Measurement		No Discharge	Barrels/ Month																		
	Permit Requirement		Report							1/well 1/day	Estimate Grab											
Well # N / A June	Sample Measurement		No Discharge	Barrels/ Month																		
	Permit Requirement		Report							1/well 1/day	Estimate Grab											
Annual Cumulative Volume Limit <sup>1</sup> 03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year					0													
	Permit Requirement		13,350																			
DRILL FLUIDS/CUTTINGS FREE OIL April	Sample Measurement				No Discharge			# Days Sheen Observed														
	Permit Requirement				Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual											
May	Sample Measurement				No Discharge			# Days Sheen Observed														
	Permit Requirement				Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual											
June	Sample Measurement				No Discharge			# Days Sheen Observed														
	Permit Requirement				Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE												
Jim Guion Executive Vice President, Chief Operating Officer										(562) 628-1526												
										07 22 2014												
TYPED OR PRINTED								Area Code Number		MONTH/DAY/YEAR												

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.



Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**WELL DISCHARGE MONITORING REPORT (Well DMR)**

CAG280000  
PERMIT NO.

001  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration		NO. EX.	Frequency Analysis	Sample Type				
		Average	Maximum	Units	Maximum	Units							
DRILLING FLUIDS TOXICITY WELL No.	Sample Measurement				N / A	% by Volume							
	Permit Requirement				LC50 > 3% SPP			(0-80%) Well Footage	Grab				
DRILLING FLUIDS TOXICITY WELL No.	Sample Measurement				N / A	% by Volume							
	Permit Requirement				LC50 > 3% SPP			(80-100%) Well Footage	Grab				
BARITE MERCURY	Sample Measurement				N / A	mg / kg							
	Permit Requirement				1 mg / kg			Stock Barite	Grab				
BARITE CADMIUM	Sample Measurement				N / A	mg / kg							
	Permit Requirement				3 mg / kg			Stock Barite	Grab				
DRILL FLUIDS CHEMICAL INVENTORY WELL No.	Sample Measurement				N / A			Each Mud System					
	Permit Requirement				Report								
No. DAYS DISCHARGE FOR EACH DRILLING FLUID	Sample Measurement				N / A			# Days Each					
	Permit Requirement				Report								
PROHIBITED DISCHARGE 1. Oil-based Fluids 2. Diesel Oil 3. Non-aqueous based drilling fluids or cuttings					N / A			N/A					
					No Discharge			N/A					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				TELEPHONE		DATE					
Jim Guion Executive Vice President, Chief Operating Officer							(562) 628-1526	07 22 2014					
TYPED OR PRINTED							Area Code	MONTH/DAY/YEAR					
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT				Number							

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: No discharge of drilling fluids

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

002  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**PRODUCED WATER (002)**  
(commingled at Platform Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
<b>PRODUCED WATER FLOW RATE</b> (commingled at Platform Elly) April - June	Sample Measurement	No Discharge									
	Permit Requirement								1/day	Estimate	
<b>QUARTERLY AVERAGE Volume</b>		No Discharge									
									1/quarter	Estimate	
<b>ANNUAL CUMULATIVE Volume</b> <sup>1,2</sup> 03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year							
	Permit Requirement		10,950,000								
<b>PRODUCED WATER OIL &amp; GREASE</b>	Sample Measurement					No Discharge	No Discharge	mg/L			
	Permit Requirement					29.0	42.0		1/week	Grab	
						N / A	N / A				
<b>Enforceable Limits:</b>											
<b>PRODUCED WATER QUARTERLY CONSTITUENTS</b>						No Discharge	No Discharge				
									1/month for 1 year	Grab	
<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							<b>TELEPHONE</b>	<b>DATE</b>		
Jim Guion Executive Vice President, Chief Operating Officer	(562) 628-1526	07 22 2014									
<b>TYPED OR PRINTED</b>	Area Code Number	MONTH/DAY/YEAR									

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Permit volume limit applies to a combined produced water volume between platforms Eureka, Ellen, and Elly, as listed in the permit (refer to Plt. Elly DMR).

<sup>2</sup> Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.



Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

003  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**WELL TREATMENT, COMPLETION  
AND WORKOVER FLUIDS (003)**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type											
		Average	Maximum	Units	Minimum	Average	Maximum														
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS FLOW *	Sample Measurement		No Discharge	Barrels / Job																	
	Permit Requirement		Report						1 / job	Estimate											
April	Sample Measurement		No Discharge	Barrels / Job																	
	Permit Requirement		Report						1 / job	Estimate											
May	Sample Measurement		No Discharge	Barrels / Job																	
	Permit Requirement		Report						1 / job	Estimate											
June	Sample Measurement		No Discharge	Barrels / Job																	
	Permit Requirement		Report						1 / job	Estimate											
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS OIL AND GREASE						MONTHLY AVERAGE	DAILY MAXIMUM														
April	Sample Measurement					No Discharge	No Discharge	mg/L													
	Permit Requirement					29.0	42.0		1/job	Grab											
May	Sample Measurement					No Discharge	No Discharge	mg/L													
	Permit Requirement					29.0	42.0		1/job	Grab											
June	Sample Measurement					No Discharge	No Discharge	mg/L													
	Permit Requirement					29.0	42.0		1/job	Grab											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE											
Jim Guion Executive Vice President, Chief Operating Officer																					
TYPED OR PRINTED																					
								(562) 628-1526		07 22 2014											
								Marina Robertson, HSE Manager													
								Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code Number											
										MONTH/DAY/YEAR											

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

\*If present, WTCWFs are commingled with produced water and injected back into the formation.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

003  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**WELL TREATMENT, COMPLETION  
AND WORKOVER FLUIDS (003)**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type										
		Average	Maximum	Units	Minimum	Average	Maximum	Units													
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS Well C-30	Sample Measurement		1	Number of Jobs					0												
	Permit Requirement		Report																		
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS STATIC SHEEN April	Sample Measurement				No Discharge				# Times Sheen Observed												
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/discharge	Grab										
May	Sample Measurement				No Discharge				# Times Sheen Observed												
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/discharge	Grab										
June	Sample Measurement				No Discharge				# Times Sheen Observed												
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/discharge	Grab										
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS Chemical Inventory April - June	Sample Measurement				N / A				0	1/month	List										
	Permit Requirement				Report					1/month	List										
	Sample Measurement																				
	Permit Requirement																				
	Sample Measurement																				
	Permit Requirement																				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE										
Jim Guion Executive Vice President, Chief Operating Officer																					
TYPED OR PRINTED																					
									(562) 628-1526		07 22 2014										
									Marina Robertson, HSE Manager												
									Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		MONTH/DAY/YEAR										
									Area Code Number												

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: A job was performed on Well C-30 in June, however no fluids were discharged. A chemical inventory is available on request.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

004  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**DECK DRAINAGE (004)**  
(Commingled with rain and fire water to disposal well)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type								
		Average	Units	Minimum	Average	Maximum	Units											
<b>DECK DRAINAGE VOLUME-FLOW RATE <sup>1</sup></b> (Commingled with fire water) April	Sample Measurement	No Discharge	Mo. Avg. bbl/day															
	Permit Requirement	Report							1/month	Estimate								
May	Sample Measurement	No Discharge	Mo. Avg. bbl/day															
	Permit Requirement	Report							1/month	Estimate								
June	Sample Measurement	No Discharge	Mo. Avg. bbl/day															
	Permit Requirement	Report							1/month	Estimate								
<b>DECK DRAINAGE FREE OIL</b> April	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge														
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight								
May	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge														
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight								
June	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge														
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. &amp; 1001 AND 33 U.S.C. &amp; 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)</small>						TELEPHONE		DATE								
Jim Guion Executive Vice President, Chief Operating Officer																		
TYPED OR PRINTED																		
		 Marina Robertson, HSE Manager						(562) 628-1526		07 22 2014								
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR								

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Deck drains and related rain water are sent to a disposal well and are not discharged.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

005  
DISCHARGE NO.

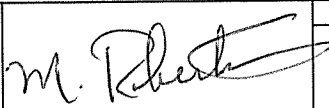
Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**SANITARY & DOMESTIC WASTE (005)**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type													
		Average	Maximum	Units	Minimum	Average	Maximum	Units																
SANITARY WASTE FLOW RATE <sup>1</sup>	Sample Measurement	56.0		Monthly Average bbl/day					0	1/day	Estimate													
	Permit Requirement	Report								1/month	Estimate													
April	Sample Measurement			Monthly Average bbl/day					0	1/day	Estimate													
	Permit Requirement	Report								1/month	Estimate													
May	Sample Measurement	75.0		Monthly Average bbl/day					0	1/day	Estimate													
	Permit Requirement	Report								1/month	Estimate													
June	Sample Measurement	66.0		Monthly Average bbl/day					0	1/day	Estimate													
	Permit Requirement	Report								1/month	Estimate													
SANITARY WASTE FOAM & FLOATING SOLIDS	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight													
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight													
April	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight													
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight													
May	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight													
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight													
June	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight													
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE													
Jim Guion Executive Vice President, Chief Operating Officer																								
TYPED OR PRINTED																								
									 (562) 628-1526		07 22 2014													
									Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT Marina Robertson, HSE Manager		Area Code      Number MONTH/DAY/YEAR													

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Sanitary includes restroom sinks, showers and toilets.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

005  
DISCHARGE NO.

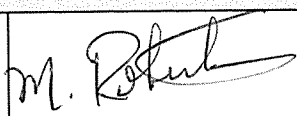
Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD					
YR	MO	DA	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**SANITARY & DOMESTIC WASTE (005)**  
(Domestic laundry separate from sanitary)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type										
		Average	Maximum	Units	Minimum	Average	Maximum	Units													
SANITARY WASTE RESIDUAL CHLORINE <sup>1,2</sup>	Sample Measurement				N / A	N / A	N / A	mg/l	0												
	Permit Requirement				1 mg/l	N / A	10 mg/l	mg/l		Monthly	Grab										
April	Sample Measurement				8.8	N / A	8.8	mg/l	0	Monthly	Grab										
	Permit Requirement				1 mg/l	N / A	10 mg/l	mg/l		Monthly	Grab										
May	Sample Measurement				N / A	N / A	N / A	mg/l	0												
	Permit Requirement				1 mg/l	N / A	10 mg/l	mg/l		Monthly	Grab										
June	Sample Measurement				N / A	N / A	N / A	mg/l	0												
	Permit Requirement				1 mg/l	N / A	10 mg/l	mg/l		Monthly	Grab										
DOMESTIC WASTE (as laundry) FLOW RATE <sub>3</sub>	Sample Measurement	No Discharge		Monthly																	
	Permit Requirement	Report		Average bbl/day						1/month	Estimate										
April	Sample Measurement	No Discharge		Monthly																	
	Permit Requirement	Report		Average bbl/day						1/month	Estimate										
May	Sample Measurement	No Discharge		Monthly																	
	Permit Requirement	Report		Average bbl/day						1/month	Estimate										
June	Sample Measurement	No Discharge		Monthly																	
	Permit Requirement	Report		Average bbl/day						1/month	Estimate										
	Sample Measurement																				
	Permit Requirement																				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE											
Jim Guion Executive Vice President, Chief Operating Officer										(562) 628-1526		07 22 2014									
TYPED OR PRINTED												MONTH/DAY/YEAR									
		 Marina Robertson, HSE Manager						Area Code		Number											
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT																			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

- <sup>1</sup> The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste discharges (as per Condition II.E.1 Footnote 2 of CAG280000). Occasional chlorine tests are performed to ensure proper operation of the device.
- <sup>2</sup> The chlorine residual result reported in May was taken as part of the annual Marine Sanitation Device (MSD) inspection.
- <sup>3</sup> Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

005  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**SANITARY & DOMESTIC WASTE (005)**  
(Domestic laundry separate from sanitary)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type							
		Average	Maximum	Units	Minimum	Average	Maximum	Units										
DOMESTIC WASTE (as laundry) FOAM / FLOATING SOLIDS <sup>1</sup>	Sample Measurement		No Discharge	# of Days Observed	No Discharge													
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight							
April	Sample Measurement		No Discharge	# of Days Observed	No Discharge													
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight							
May	Sample Measurement		No Discharge	# of Days Observed	No Discharge													
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight							
June	Sample Measurement		No Discharge	# of Days Observed	No Discharge													
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. &amp; 1001 AND 33 U.S.C. &amp; 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)</small>																
Jim Guion Executive Vice President, Chief Operating Officer																		
TYPED OR PRINTED																		
		 Marina Robertson, HSE Manager							TELEPHONE		DATE							
									(562) 628-1526		07 22 2014							
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT							Area Code		MONTH/DAY/YEAR							

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Domestic waste (as laundry) is sent to a disposal well and not discharged. Domestic waste from sinks and showers is reported under Sanitary discharges.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

008  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**FIRE CONTROL WATER (008)**  
(deluge commingled with deck drains)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type							
		Average	Units	Minimum	Average	Maximum	Units										
FIRE CONTROL SYSTEM TEST WATER (008) - FOAM, FLOATING SOLIDS <sub>1</sub> (deluge commingled with deck drains) April	Sample Measurement	No Discharge	# Days Observed	No Discharge					1/day	Visual - Daylight							
	Permit Requirement	None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.													
May	Sample Measurement	No Discharge	# Days Observed	No Discharge					1/day	Visual - Daylight							
	Permit Requirement	None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.													
June	Sample Measurement	No Discharge	# Days Observed	No Discharge					1/day	Visual - Daylight							
	Permit Requirement	None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.													
FIRE CONTROL SYSTEM TEST WATER (008) CHLORINE <sub>2</sub> April - June	Sample Measurement				Monthly Average	Daily Maximum	mg/L		1/month	Grab							
	Permit Requirement				N / A	N / A											
	Sample Measurement																
	Permit Requirement																
FIRE CONTROL SYSTEM TEST WATER Chemical Inventory <sub>2</sub> April - June	Sample Measurement			N / A					1/month	List							
	Permit Requirement			Report													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE								
Jim Guion Executive Vice President, Chief Operating Officer							(562) 628-1526		07 22 2014								
TYPED OR PRINTED							Marina Robertson, HSE Manager										
							Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code Number								
									MONTH/DAY/YEAR								

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Fire water is commingled with deck drains and sent to a disposal well and is not discharged.

<sup>2</sup> Fire water is not chlorinated or chemically treated.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

009  
DISCHARGE NO.

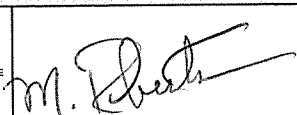
Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**NON-CONTACT COOLING WATER (009)**  
(combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Units	Minimum	Average	Maximum	Units				
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER FLOW VOLUME April	Sample Measurement	68,571	Barrels/Day					0	1/month	Estimate	
	Permit Requirement	Report							1/month	Estimate	
May	Sample Measurement	68,571	Barrels/Day					0	1/month	Estimate	
	Permit Requirement	Report							1/month	Estimate	
June	Sample Measurement	68,571	Barrels/Day					0	1/month	Estimate	
	Permit Requirement	Report							1/month	Estimate	
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER FOAM/FLOATING SOLIDS April	Sample Measurement	0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight	
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight	
May	Sample Measurement	0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight	
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight	
June	Sample Measurement	0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight	
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE	
Jim Guion Executive Vice President, Chief Operating Officer							(562) 628-1526		07 22 2014		
TYPED OR PRINTED							Area Code Number		MONTH/DAY/YEAR		
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT  Marina Robertson, HSE Manager									

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)



Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

009  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**NON-CONTACT COOLING WATER (009)**  
(combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Monthly Average	Daily Maximum	Units			
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER CHLORINE <sup>1</sup> April - June	Sample Measurement					0.0015	0.0015	mg/L	0	1/quarter	Grab
	Permit Requirement					0.00585	0.0102			1/quarter	Grab
	Permit Requirement										
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER CHEMICAL INVENTORY April - June	Sample Measurement				See Attachment #2 Chemical Inventory				0	1/quarter	List
	Permit Requirement				Report					1/quarter	List
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE		
Jim Guion Executive Vice President, Chief Operating Officer							(562) 628-1526		07 22 2014		
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number		MONTH/DAY/YEAR		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the new permit modified March 1, 2014, Appendix C.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

Approved Form  
OMB No. 2000-0015


CAG280000	006,007,010,011,012,013,014
PERMIT NO.	DISCHARGE NO.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

Beta Platform Eureka  
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

Blowout Preventer Fluids  
Desalination Unit  
Ballast/Storage Displacement  
Bilge Water  
Boiler Blowdown  
Test Fluids  
Diatomaceous Earth Filter Media

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(006) Blowout Preventer Fluids FREE OIL, FOAM, FLOATING SOLIDS April - June	Sample Measurement				No Discharge						
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(007) Desalination Unit FOAM, FLOATING SOLIDS April - June	Sample Measurement				No Discharge						
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(010) Ballast/Storage Displacement Water - FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS April - June	Sample Measurement			Monthly Average bbl/day	No Discharge						
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(011) Bilge Water FLOW RATE April - June	Sample Measurement			Monthly Average bbl/day	No Discharge						
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate
(012) Boiler Blowdown FOAM, FLOATING SOLIDS April - June	Sample Measurement				No Discharge						
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(013) Test Fluids * FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS April - June	Sample Measurement			Monthly Average bbl/day	No Discharge						
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(014) Diatomaceous Earth Filter Media FREE OIL, FOAM, FLOATING SOLIDS April - June	Sample Measurement				No Discharge						
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)				 Marina Robertson, HSE Manager		TELEPHONE (562) 628-1526		DATE 07 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT				Area Code Number		MONTH/DAY/YEAR			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

\*See Chemical Inventory, if discharged.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

022  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

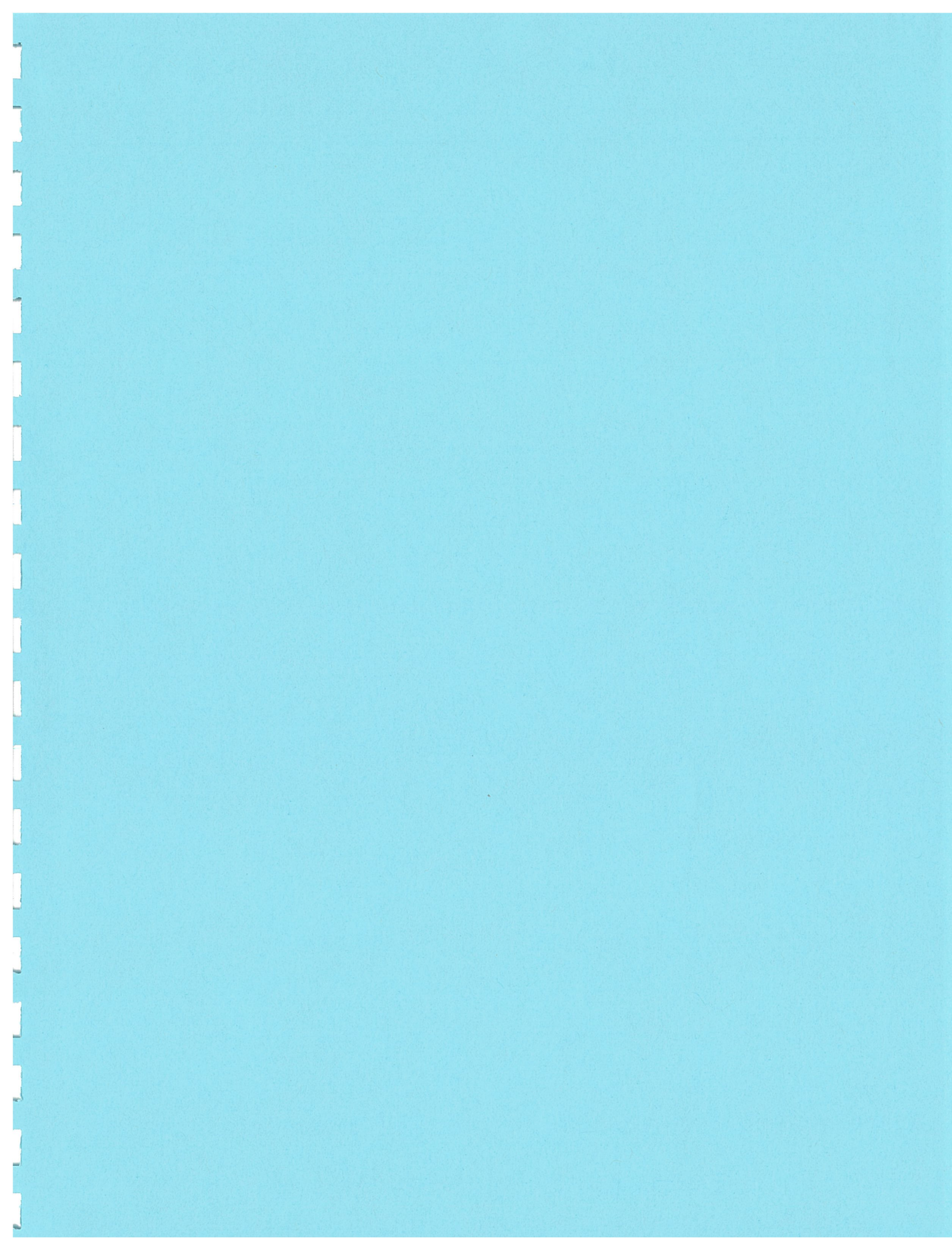
MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 04 01			To: 14 06 30		

**H2S Gas Processing Waste Water**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type							
		Average	Maximum	Units	Minimum	Average	Maximum	Units										
(022) H2S Gas Processing Waste Water FLOW RATE	Sample Measurement			Monthly Average bbl/day														
	Permit Requirement	Report								1/discharge	Estimate							
(022) H2S Gas Processing Waste Water FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge													
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/discharge	Visual - Daylight							
Surfactants, Detergents, Dispersants	Sample Measurement				Minimized				0									
	Permit Requirement				Minimize													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE									
Jim Guion Executive Vice President, Chief Operating Officer									(562) 628-1526 07 22 2014									
TYPED OR PRINTED																		
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number		MONTH/DAY/YEAR									

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)



## Attachment 2

# Chemical Inventory

**ATTACHMENT 2**  
**PLATFORM EUREKA**  
**MISCELLANEOUS DISCHARGES**  
**CHEMICAL INVENTORY**  
**April 1, 2014 through June 30, 2014**

<u>Fluid Type</u>	<u>Volume</u> (Monthly avg bbls per day)	<u>Product Name</u>	<u>Estimated Chemical Quantity</u> (Monthly avg gal per day)	<u>Average End-of-Pipe <sup>1</sup> Concentration</u> (mg/l)
009 Non-contact Cooling Water (combined with excess seawater)				
April	68,571	Chlorine	< 0.14	< 0.05
May	68,571	Chlorine	1.44	0.5
June	68,571	Chlorine	1.15	0.4
008 Fire Control System Water	N / A	None	N / A	N / A
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

<sup>1</sup> Chemical quantity for non-contact cooling water calculated with Operations monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel).

N / A: Not chlorinated.

# Attachment 3

## Non-Contact Cooling Water Chlorine Residual Results



**ATTACHMENT 3  
PLATFORM EUREKA  
NON-CONTACT COOLING WATER CHLORINE RESULTS  
April 1, 2014 through June 30, 2014**

<u>Discharge</u>	<u>Measurement Frequency</u>	<u>Average Monthly Limit <sup>1</sup> Post Dilution</u> (mg/l)	<u>Maximum Daily Limit <sup>1</sup> Post Dilution</u> (mg/l)	<u>Result Post Dilution</u> (mg/l)	<u>End-of-Pipe Concentration</u> (mg/l) EPA Method 330.5	<u>EPA Plumes Dilution</u>
009 Non-contact Cooling Water Sample Date: 04/30/14	Once/Quarter	0.00585	0.0102	0.0015	0.22	146:1

<sup>1</sup> Limits are post-dilution as listed in the new permit, Appendix C.





## LTS ENVIRONMENTAL, INC.

Beta Offshore  
111 W. Ocean Blvd., Suite 1240  
Long Beach, Ca 90802

May 14, 2014

**Attn: Marina Robertson**

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time	Location	Total Chlorine Residual (EPA Method 330.5)
		<u>End of Pipe</u>
April 30, 2014 @ 0715 hrs	Platform Eureka Non-Contact Cooling Water Outlet	0.22 mg/l
	East Seawater Pump	
LTS Meter S/N: 12040E195572		Method Blank < 0.05 mg/l (MDL)
Technician: Cole Jenkins		

  
**S.G. Lawry**  
*Environmental Specialist / LTS*



## LTS ENVIRONMENTAL, INC.

Beta Offshore  
111 West Ocean Blvd.  
Suite 1240  
Long Beach, Ca 90802

June 23, 2014

Attn: Marina Robertson

As part of the Annual Marine Sanitation Device (MSD) Inspection, and to ensure proper operation of the device, LTS Environmental performed an EPA-approved chlorine residual on the effluent. Results of this test are as follows:

Sample Date / Time	Location	Total Chlorine Residual (EPA Method 330.5)
May 25, 2014 @ 1100 hrs	Platform Eureka Sewage Effluent Omnipure 12MX	8.8 mg/l
LTS Meter S/N: 12040E195572		Method Blank < 0.05 mg/l (MDL)
LTS Technician: Cole Jenkins		

**S.G. Lawry**  
*Environmental Specialist /LTS*




## LTS ENVIRONMENTAL, INC.

August 13, 2013

### Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date	Total Residual Chlorine
August 12, 2013	(EPA Method 330.5)
LTS meter (SN 041200088375)	2.78 mg/l
LTS meter (SN 12040E195572)	2.74 mg/l
RT Corporation test sample:	
Certified Value	2.35 mg/l (+/- .0508)
Standard Deviation	0.208 mg/l
Acceptance Limits	1.73 – 2.98 mg/l
	Method Blank < 0.05 mg/l
LTS Lead Technician: Mike Apple	

  
**S.G. Lawry**  
*Environmental Specialist*  
*President, LTS*